

**Rotherham Suicide Prevention and Self Harm Action Plan
2019 – 2021**

Rotherham cares about suicide prevention

Introduction

Every day in England around 13 people take their own lives. The effects can reach into every community and have a devastating impact on families, friends, colleagues and others. Each one of these deaths is a tragedy. Every local area, whether its own suicide rate is high or low, should make suicide prevention a priority (PHE, 2016: Local suicide prevention planning: a practice resource).

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. Suicide prevention is everybody's responsibility and cannot be left to the remit of one agency/organisation.

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 link doesn't open

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.

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This plan outlines the actions Rotherham organisations are taking to prevent suicides. The action plan should be read alongside the Better Mental Health for All Strategy and Action plan which looks at action to be taken to improve the mental wellbeing of people living and working in Rotherham.

<https://moderngov.rotherham.gov.uk/documents/s111144/Better%20Mental%20Health%20for%20All%20Action%20Plan%20Appendix.pdf> link doesn't open

Suicide Prevention is an area of focus with the Rotherham Health and Wellbeing Strategy:

Aim 2 All Rotherham people enjoy the best possible mental health and wellbeing and have a good quality of life

http://rotherhamhealthandwellbeing.org.uk/homepage/6/joint_health_and_wellbeing_strategy

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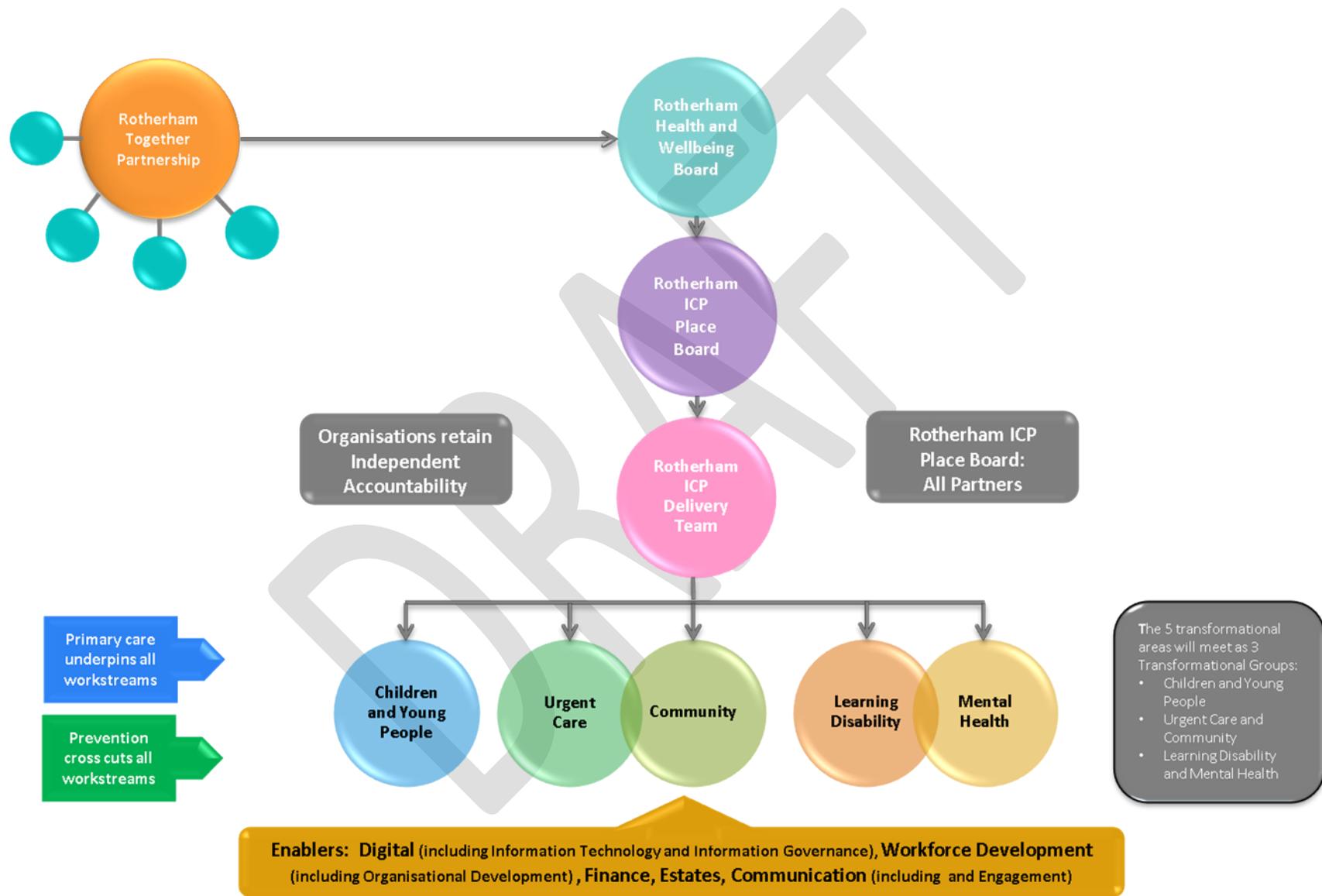
Governance arrangements

Rotherham takes suicide prevention seriously. The Rotherham Suicide Prevention and Self Harm Group meetings are chaired by Consultant in Public Health. The multi-agency group meets quarterly and are tasked to implement this plan, with the Suicide Audit Group meeting bimonthly. The Partners represented on the Rotherham Suicide Prevention and Self-Harm Group includes:

- Cabinet Member for Adult Care, Housing and Public Health (Also Chair of the Health and Wellbeing Board)
- CGL Rotherham Drug & Alcohol Service
- Rotherham Clinical Commissioning Group (RCCG)
- RDaSH (mental health provider)
- Rotherham NHS Foundation Hospital Trust
- RMBC- Adult Care, Housing and Public Health
- RMBC Children and Young People's Services
- RMBC Communications
- Rotherham MAST/Maltby Academy (Multi Agency Support Team) Strategic Leader
- Rotherham Samaritans
- Rotherham United Community Sports Trust (RUCST).
- South Yorkshire Police

Progress against this action plan is reported on a monthly basis to the Mental Health (MH) and Learning Disability (LD) Transformation Board, a sub group of the Rotherham Place Plan Board. Annual updates are given to the Rotherham Health and Wellbeing Board. Issues are escalated as and when required to the MH and LD Transformation Board.

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National Picture

- Approximately 7% of the national population have attempted suicide at some stage, according to the Adult Psychiatric Morbidity Survey (APMS) 2014¹.
- Around 1 in 5 people (21%) in England have had suicidal thoughts at some point in their life (APMS 2014)¹.
- Three in four deaths by suicide are by men (Office for National Statistics. Suicides in the UK in 2014. London: Office for National Statistics; 2016).
- The highest suicide rate in England is among men aged 45-49. (Office for National Statistics. Suicides in the UK in 2014. London: Office for National Statistics; 2016).
- People in the lowest socio-economic group and living in the most deprived geographical areas are 10 times more at risk of suicide than those in the highest socio-economic group living in the most affluent areas.
- For every suicide it is now estimated that 135 people are exposed (knew the person)²
- People diagnosed with autism are at high risk of suicide. In a large scale clinic study of 374 adults newly diagnosed with Asperger Syndrome (a sub group on the autism spectrum without language delay or intellectual disability), 66% had contemplated suicide, and 35% had planned or attempted suicide.³
- A large scale population study in Sweden showed that autistic people, without intellectual disability, were at significantly higher risk of dying by suicide than the general population, with suicide a leading cause of early death for autistic people.⁴ An ongoing study in the UK is showing that 12% of people who die by suicide have evidence of autism, (significantly higher than the 1% rate in the general alive population), with a majority not yet diagnosed before their death.

¹ *Data is not available at Rotherham level from the APMS.

² Cleary A. Suicidal action, emotional expression, and the performance of masculinities. *Social Science Med.* 2012 Feb; 74(4):498-505.

³ Cassidy, S., Bradley, P., Robinson, J., Allison, C., McHugh, M., & Baron-Cohen, S. (2014). Suicidal ideation and suicide plans or attempts in adults with Asperger's syndrome attending a specialist diagnostic clinic: a clinical cohort study. *The Lancet Psychiatry*, 1(2), 142-147.

⁴ Hirvikoski, T., Mittendorfer-Rutz, E., Boman, M., Larsson, H., Lichtenstein, P., & Bölte, S. (2016). Premature mortality in autism spectrum disorder. *The British Journal of Psychiatry*, 208(3), 232-238.

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Local picture

Suicide rate (Age-standardised mortality rate from suicide and injury of undetermined intent per 100,000 population)

Overall

- 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 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). The number and rate are now 3 times higher than at their lowest point in 2009-11.
- Men are far more likely to die by suicide than women in Rotherham; this is also the case nationally.
- Males account for around three-quarters of suicide deaths with the trend in death rates matching the total trend. The rate increased from 21.3 to 24.0 per 100,000 DSR between 2014-16 and 2015-17 and is at its highest in the period since 2001-03.
- 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.
- The age 10-34 rate for males has risen consistently between 2011-15 and 2013-17 and is significantly higher than England (20.7 compared to 10.5 per 100,000 DSR). (5-year combined data for males only)
- The rates for the 35-64 and 65+ age groups were stable between 2011-15 and 2012-16 but both increased for 2013-17. The rates are higher than England but still statistically similar.
- On average one person took their own life every 10 days in Rotherham (2015-2017). This represents 107 deaths over the 3 years.
- The most common form of suicide in Rotherham is by hanging.
- Around 3 in 10 of all Rotherham deaths in the 10-34 age group for males is a suicide (based on the five years 2013-2017).

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- The real time data for suspected suicides in Rotherham shows that deaths are more prevalent in most deprived wards.

Self-harm

National picture:

- Approximately 7% of the national population have self-harmed (without suicidal intent) at some stage, according to the Adult Psychiatric Morbidity Survey (APMS) 2014¹.

Local picture:

- Rates for hospital admissions due to self-harm in children and young people (Aged 10-24 years) are also significantly lower/better than England. In 2016/17 Rotherham's rate was 278.1 per 100,000 DSR compared to 404.6 per 100,000 for England. Rotherham ranks 3rd lowest in Yorkshire and the Humber Region and lowest/best among CIPFA nearest neighbours.
- Rotherham had 403 emergency hospital admissions for self-harm in 2016/17 which is 159.4 per 100,000 DSR (Persons, All ages). This rate is significantly lower/better than England (185.3 per 100,000) and ranks as 5th lowest in Yorkshire and the Humber and 2nd lowest among CIPFA nearest neighbours.

DSR – Directly age standardised rate.

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Helpful resources on suicide prevention

- Healthier Lives – suicide prevention <http://healthierlives.phe.org.uk/topic/suicide-prevention>
- Help is at Hand <http://supportaftersuicide.org.uk/wp-content/uploads/2016/09/England-Help-is-at-Hand.pdf>
- Identifying and responding to suicide clusters and contagion: a practice resource
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/459303/Identifying_and_responding_to_suicide_clusters_and_contagion.pdf
- Local suicide prevention planning: a practice resource
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/564420/phe_local_suicide_prevention_planning_a_practice_resource.pdf
- Preventing suicide in public places: a practice resource
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/481224/Preventing_suicides_in_public_places.pdf
- Suicide prevention profiling tool <http://fingertips.phe.org.uk/profile-group/mental-health/profile/suicide>
- Support after a suicide: A guide to providing local services
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/582095/Support_after_a_suicide.pdf

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Aim 1. Reduce the risk of suicide and self-harm in key high-risk groups:

Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
Men, in particular middle aged men					
<p>1.1 To reduce suicides against the 10% baseline for 2014 – 2016 with a particular focus on men.</p> <p>This will be achieved by addressing locally identified risk factors: loneliness and isolation, mental health stigma, relationship breakdown.</p>	<p>To refresh the local campaign, 'Breaking the silence' which targets men and their families.</p> <p>Campaign rollout 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>Public Health working with Comms Leads across RMBC, RDaSH. TRFT, RCCG and SYP.</p> <p>All partners to support.</p>	<p>Launch new campaign March 2019.</p>	<p>Reduced suicide amongst men:</p> <p>Evidence of press coverage of local campaign.</p> <p>Campaign materials distributed across different sectors.</p> <p>Evidence of non-health sectors engaging in the campaign.</p>	
<p>1.1 continued</p>	<p>Campaign to tie in with the BUPA project, 'Head in the Game' being delivered by Rotherham United Community Sports Trust (RUCST).</p>	<p>RUCST working with other partners.</p>	<p>End of May 2019</p>	<p>Reduced suicide amongst men:</p> <ul style="list-style-type: none"> • Promotion of suicide prevention messages to attendees at 	

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Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
	<p>To look at using the 10 monthly workshops delivered through the BUPA, 'Head in the Game' project to raise awareness of suicide prevention.</p> <p>To focus on opportunities to encourage men to see that mental health is as important as their physical health, for example through the weekly BUPA project, 'Head in the Game'.</p>		<p>Delivery of suicide prevention workshop by September 2018.</p> <p>Delivery of 9 workshops for men on mental health issues by May 2019</p>	<p>Rotherham United football matches.</p> <ul style="list-style-type: none"> • Evidence through course content of men's groups promoting the importance of good mental health. • Evaluations/case studies from the groups which reflect that mental health is being addressed. 	
1.1 continued	To target male employees through Well at Work scheme (South Yorkshire healthy workplace scheme) which commits employers to address the mental health of their staff.	PH Workplace Health Advisor working with employers.	<p>Piloted with local workplaces.</p> <p>Pilot complete.</p> <p>To be launched March 2019</p>	<p>Improved mental health of people working in Rotherham:</p> <ul style="list-style-type: none"> • Piloted with local workplaces. • Pilot complete. • Launch March 2019. • Target set for number of 	

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Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
				Rotherham workplaces to be reached.	
Women					
1.2 To reduce suicides amongst women.	To establish a time limited task and finish group to explore actions to prevent/reduce suicide amongst women drawing upon national research and expertise.	Led by PH with input from partners including RDASH	Meetings to commence December 2018 Review and recommendation report to be submitted to the suicide-prevention and self-harm group April 2019, for consideration	<ul style="list-style-type: none"> • Reduced suicide amongst women: • Review and recommendation report, with clearly defined actions which can be incorporated into the plan. 	
1.2 continued	To update the GP suicide prevention top tips to ensure that it reflects risk issues that relate to women.	PH working with GP lead for MH within the CCG.	January 2019	<ul style="list-style-type: none"> • Reduced suicide amongst women: • Increase awareness amongst primary care. • Updated information available to all GP Practices. 	
	Work with the new	PH/CCG	February 2019	<ul style="list-style-type: none"> • Ensure suicide- 	

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Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
	Perinatal mental health service due to be launched Spring 2019			prevention is key theme within the new perinatal mental health service.	
Children and Young people (Aged up to 25)					
1.3 children and young people	To look at opportunities to promote the young people's STILL campaign	PH working with children's services and communication leave leads.	Ongoing, with focus campaigns will occurring: <ul style="list-style-type: none"> • April 2019 • September 2019 • April 2020 	<ul style="list-style-type: none"> • Reduced suicide amongst children and young people: • Details of organisation material distributed to. • Completion of campaign action plan. 	
1.3 Children and Young people	To refresh Rotherham's community response plan to suicides in line with national guidance and local learning. To create an 'All Age Response'	PH working with children and adult leads from partner organisations	Approved Response Plan by End of July 2019	<ul style="list-style-type: none"> • Reduced suicide amongst children and young people: • Evidence of a coordinated response to any suicide of a young person or adult with significant contact to groups of young people. 	

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Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
				<ul style="list-style-type: none"> Refreshed 'All Age Response' 'Response Plan' Agreed by age resource. 	
1.3 Children and Young people	To teach school and college pupils the importance of emotional well-being and resilience for themselves and their friends.	Rotherham Samaritans education officer + volunteers.	Samaritans have visited 5 schools and colleges in the past year. We hope to increase this number by contacting heads of schools at the beginning of the school year.	<ul style="list-style-type: none"> More schools participating. Reduced suicide among young people. Young people know where to find help. 	
Those who self-harm – All Age					
1.4 Those who self-harm	To update the Rotherham Multi-agency policy guidelines on self-harm (Aged 0-25).	PH working with C&YP services including CAMHS and Early Help	<ul style="list-style-type: none"> Policy guidelines agreed by End of July 2019 Policy guidelines to be launched – July/August 2019 Implementation action plan completed by December 2019 	<ul style="list-style-type: none"> Reduction in self-harm amongst young people: New policy guidelines agreed. Evidence of policy launch. Implementation action plan completed. Increase awareness of 	

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			<ul style="list-style-type: none"> Evaluation of implementation of policy guidelines Jan 2021 	policy guidelines.	
1.4 continued	<p>Develop a 'Train the Trainer Self-harm awareness' model of training to be delivered across the borough.</p> <p>Produce supporting material (to build on Rotherham's Five Ways to Wellbeing messages.</p> <p>Launch of programme.</p> <p>Recruit and train individuals to deliver the programme.</p> <p>Rollout of programme.</p> <p>Programme evaluation.</p>	Public Health / CCG	<p>Initial development and training to be completed by April 2019.</p> <p>Later stages to be confirmed.</p>	<ul style="list-style-type: none"> Reduction in self-harm amongst young people: Increase awareness of self-harm prevention across borough. Development of a 'Train the Trainer' model. 20 'Train the Trainer' recruited and trained. Parents/carers equipped and confident in providing ongoing support to their child/young person. Supporting materials produced. 	
1.4 continued	To explore opportunities to	PH and RDaSH.	1. July 2019.	<ul style="list-style-type: none"> Options scoped and 	

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	<p>develop peer support networks following on from the awareness sessions.</p> <p>Develop recommendation for the future development.</p>	Working with organisations in the voluntary and statutory sectors	2. Recommendations to be considered by the suicide-prevention and self-harm group September 2019.	recommendations report produced.	
1.4 continued	Scoping opportunities for the use of digital technology in the awareness and management of self-harm and suicide ideation for example promotion of Stay Alive resource.	PH, RDaSH & RCCG.	April 2019.	<ul style="list-style-type: none"> • Reduction in self-harm: • Increase access to a wide range of resources to help reduce risk and build resilience. 	
Witnesses					
1.6 Witnesses	<p>Police to contact within 48 hours of the incident and offer:</p> <ul style="list-style-type: none"> - Witness leaflet Help is at hand booklet. - Referral to 	South Yorkshire Police – Safe Neighbourhood Services & RDaSH.	Ongoing but activity reported at bimonthly suicide audit meetings	<p>Reduction in suicides amongst vulnerable groups:</p> <ul style="list-style-type: none"> • Evidence that all witnesses of suicide receive timely signposting 	

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	Rotherham Samaritans Listening service			information.	
1.6 continued	Police to work with Public Health to review the information sheet given to witnesses. Information sheet reviewed and updated.	SYP South Yorkshire Police – Safe Neighbourhood Services, RDaSH & Public Health.	December 2018.	Reduction in suicides amongst vulnerable groups: <ul style="list-style-type: none"> Information sheet updated with current signposting information. Positive feedback from people receiving this information. 	
1.6 continued	Frontline workers attending a suicide to be offered supervision/ signposting support within their respective organisations.	All partners	Evidenced from January 2019.	Reduction in suicides amongst vulnerable groups: <ul style="list-style-type: none"> Evidence of partner organisations offering debriefing meetings with managers and promoting helplines to staff, activity recorded 	

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				through Suicide Audit meetings.	
People with Autism					
1.7 Reduce the number of suicides amongst people with Autism	<p>Complete a scoping exercise to establish the level of risk of suicide in the Rotherham autistic community</p> <p>Produce a local report and recommendations</p>	RMBC Commissioning / Public Health	March 2020	<p>Reduction in suicides amongst vulnerable groups:</p> <ul style="list-style-type: none"> Scoping exercise completed. Recommendations report and action plan produced. 	
Autism Service	Consider suicide-prevention as part of the development of the Autism Service provision	RCCG	?	<ul style="list-style-type: none"> Awareness of suicide-prevention in the Autism Service. 	
Substance Misuse Service Users					
1.8 To develop and agree a Pathway between CGL and RDaSH to ensure that service users who need to	<ul style="list-style-type: none"> CGL and RDaSH with input from RMBC head of PH Commissioning to develop a Pathway between CGL and RDaSH. Pathway tested. 	CGL RDaSH with input from Head of PH Commissioning.	September 2019	<p>Better care for people with co-occurring mental health and alcohol/drug use conditions</p> <p>Pathway in place and</p>	

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use both services can do so effectively.	<ul style="list-style-type: none"> Pathway amended where necessary. Staff made aware of pathway. 			staff made aware.	
Vulnerable Adults					
1. 9 Vulnerable Adults	<p>South Yorkshire Police – Safe Neighbourhood Services to explore with RDaSH Mental Health Services the appointment of a mental health worker to work within their service.</p> <p>JD and area of work defined</p> <p>Appointment made.</p> <p>Work evaluated.</p>	South Yorkshire Police – Safe Neighbourhood Services & RDaSH.	September 2019	<p>Reduction in suicides amongst vulnerable groups:</p> <ul style="list-style-type: none"> Evidence of vulnerable people receiving timely and appropriate support. 	
2.1 Reduce the levels of suicide amongst vulnerable groups (Adults)	<ul style="list-style-type: none"> Adult Safeguarding Board to agree to the establishment of a multi-agency subgroup to review all deaths of vulnerable people. Establishment of a 	RMBC Adult Safeguarding Lead with support from PH Specialist (Mental Health & Suicide Prevention) & Head of PH Commissioning	September 2019	<p>Reduction in suicides amongst most vulnerable groups (Adults)</p> <p>Lessons learnt cascaded to all partners.</p>	

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Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
	<p>multi-agency subgroup which will review all vulnerable adult deaths including those by suicide and substance misuse or with chaotic lifestyles.</p> <ul style="list-style-type: none"> • All stakeholders of the Adult Safeguarding Board to be represented on the multi-agency subgroup. • multi-agency subgroup holding meetings. • Actions and lessons learnt cascaded to all relevant services. • Monitoring procedures agreed and in place. • Reporting back to Adult Safeguarding Board. 			<p>Learning incorporated into service provision and performance management frameworks.</p> <p>Learning informing future commissioning of services.</p> <p>Multi-agency learning and informing future multi-agency working.</p>	

Veterans

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Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
1.9 Veterans	Rotherham's multi agency Armed Forces Community Covenant Group developing an action plan which will address suicide prevention.	Rotherham's Armed Forces Community Covenant Group	January 2019	Specific actions on suicide prevention for veterans reflected in local plan. Actions being implemented.	
All ages					
1.10 All ages	To refresh Rotherham's z card CARE about suicide resource and re-launch across the borough. Promote the Stay Alive App across the borough.	PH working with providers services and Comms Leads.	December 2018	Reduction in suicides: <ul style="list-style-type: none"> • CARE about suicide resource refreshed. • Re-launched and evidence of distribution across the borough. • Resource used in training provision. 	
1.10 continued	To refresh Rotherham's community response plan to suicides in line with national guidance and local learning. To create an 'All Age Response'	PH working with children and adult leads from partner organisations	Approved Response Plan by End of July 2019	<ul style="list-style-type: none"> • Reduced suicide amongst children and young people: • Evidence of a coordinated response to any suicide of a young 	

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				person or adult with significant contact to groups of young people. <ul style="list-style-type: none"> Refreshed 'All Age Response' 'Response Plan' Agreed by age resource. 	
Universal Credit					
1.11 People affected by Universal credit	To ensure that frontline staff is trained to spot people at risk and signpost to relevant services.	Universal Operational Group working with PH and L&D.	Ongoing but training for Revenues and Benefits staff being held in September 2018 and November 2018.	Reduction in suicides: <ul style="list-style-type: none"> Number of training sessions held. Number of staff trained. 	
Offenders					
1.12 Offenders	To continue work in HMP Lindholme and HMP Hatfield (Cat C men's prisons). To provide male prisoners with support via the Listener scheme.	Rotherham Samaritans prison officer + volunteers.	Ongoing.	<ul style="list-style-type: none"> Increase in number of people using the Listener scheme. 	

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Aim 2. Reduce access to the means of suicide

Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
<p>2.1 Reduce the level of risk of suicide at identified high risk locations, in community and mental health settings.</p>	<p>To use the real time data to identify methods and locations.</p> <p>To use the Suicide Audit Group bimonthly meetings to identify any hotspots utilising reports from the Coroner, police and mental health services.</p>	<p>Attendees of Suicide Audit Group include: PH, RCCG, SYP & RDaSH and Domestic Abuse Coordinator. 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>Targeted work initiated as and when areas are identified. Actions recorded and reported to the wider Suicide Prevention and Self-Harm Group.</p>	<p>Reduction in specific methods used. Reduction in suicides in specific settings:</p> <p>Action taken at hotspots which could include:</p> <ul style="list-style-type: none"> • Installation of physical barriers, signage highlighting helpful numbers like Samaritans and or moving ligature points. • Encouraging help seeking behaviours in specific geographical communities by promoting 	

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Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
				<p>services.</p> <ul style="list-style-type: none"> • Increasing the likelihood of a third party intervention through surveillance and staff training. • Evidence of responsible media reporting. 	
2.1 continued	<p>To use real time data to raise awareness amongst frontline staff either through training sessions or newsletters</p> <p>Frontline staff include: Primary care Housing</p>	<p>PH working with members of the Suicide Audit Group.</p> <p>Support from L&D and Comms Leads within Partner organisations.</p>	<p>Awareness work initiated as and when specific issues are identified.</p>	<ul style="list-style-type: none"> • Number of training sessions held. • Evidence of newsletters/staff communications being utilised to communicate messages to frontline staff. 	
2.1 continued	<p>To raise awareness amongst the general public re safe storage of medication incl prescribed and over the counter, using Public Health Channel, Qmatic</p>	<p>Public Health Specialist Comms Leads (RCCG, RMBC) Local Pharmaceutical Committee.</p>	<p>March 2019.</p>	<ul style="list-style-type: none"> • Evidence of messages being communicated to the general public re safe storage of medication both prescribed and over the counter 	

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	screens and internal communications.			within the home.	
2.1 continued	Explore opportunities to work with Planning Department re access to means at new builds. <ul style="list-style-type: none"> • Initial meeting with Officers. • Joint working opportunities scoped. • Plan of action drafted and agreed. 	Public Health Specialist working with RMBC Planning.	April 2019.	<ul style="list-style-type: none"> • Meetings held with Planning Officers. • Work scoped. • Proposals and way forward shared with the Suicide Prevention & Self Harm Group. 	

Aim 3. Tailor approaches to improve mental health in specific groups

Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
3.1 To increase awareness amongst people living and working in	Roll out the Rotherham Five Ways to Wellbeing Campaign across the borough. www.rotherham.gov.uk/health	All partners of the Health and Wellbeing Board: RMBC, RCCG. TRFT, RDaSH, SYP and	Campaign launched in May 2018. Ongoing but activity reported to SP & SH Group and Better	Improved emotional resilience amongst people living and working in Rotherham:	

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Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
<p>Rotherham of the importance of having good mental health.</p>		<p>voluntary sector.</p>	<p>Mental Health for All Group.</p>	<ul style="list-style-type: none"> • A range of initiatives across the borough. Partners evidencing their actions on the activity record sheet. • Press and social media coverage of campaign activity. • Case studies illustrating impact campaign is having. 	
<p>3.2 Promote the mental health of people working in Rotherham.</p>	<p>Promote The South Yorkshire Business Healthy Workplace Award of which mental health is a mandatory section employers need to address at bronze, silver and gold levels.</p>	<p>PH Workplace Health Advisor working with employers.</p>	<p>Ongoing.</p>	<p>Improved mental health of people working in Rotherham:</p> <ul style="list-style-type: none"> • Number of employers signed up to the Award. • Number of employers working towards Bronze, Silver & Gold levels. 	

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Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
<p>3.3 Whole College Approach</p>	<p>To work with all local colleges to support them in developing a whole college approach to mental health and emotional wellbeing.</p>	<p>RCCG, PH working with all local colleges.</p>	<p>Commencing work in September 2018.</p>	<p>Improved mental health of people working in Rotherham:</p> <ul style="list-style-type: none"> • Colleges in Rotherham able to evidence a whole college approach to mental health and emotional wellbeing. • Interventions evaluated. • Clear offer of support for young people attending the college. • Improved staff wellbeing. • Staff reporting that they are more confident in dealing with emotional and mental health issues. 	

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Aim 4. Provide better information and support to those bereaved or affected by suicide

Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
4.1 To ensure that timely, coordinated and appropriate support is provided to children and young people bereaved by suicide	100% Police Officers completing the 117 to trigger the Sudden and Traumatic bereavement pathway.	South Yorkshire Police – Safe Neighbourhood Services & Rotherham Samaritans.	March 2019. Progress to be monitored through the Suicide Audit Group.	Children and young people bereaved or affected by suicide receiving appropriate support: <ul style="list-style-type: none"> • Evidence that 100% suspected suicides where children are involved have a 117 submitted. 	
4.1 continued	To review Child Bereavement pathway, brief all organisations and upload onto Tri-x.	PH working with partners from RMBC C&YP services, SY Police and CAMHS.	Review due October 2018.	<ul style="list-style-type: none"> • Pathway renewed. • Organisations to cascade updated pathway to their staff. • Updated pathway on Tri-x. 	
4.2 To ensure that timely, coordinated and appropriate support is	Review of bereavement listening service delivered by Rotherham Samaritans.	South Yorkshire Police – Safe Neighbourhood Services & Rotherham	Review January 2019	Adults bereaved or affected by suicide receiving appropriate support:	

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Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
provided to adults bereaved by suicide.		Samaritans to review the current arrangements.		<ul style="list-style-type: none"> • Current provision reviewed. • Changes made where necessary. • Reports of uptake to Suicide Prevention Group. 	
4.2 continued	Following review explore options to rollout this service for other stakeholders- primary care.	PH, RCCG and Rotherham Samaritans to look at rollout to primary care.	Rollout options explored and implemented March 2019.	<ul style="list-style-type: none"> • Rollout options discussed with wider SP & SH Group. • Rollout implemented. 	
4.2 continued	To increase local provision of bereavement support by exploring options to provide postvention training to frontline staff.	Public Health, RCCG and RDaSH	March 2019	<ul style="list-style-type: none"> • Options proposed. • Delivery of training. • 40 number of people trained. • Feedback from participants indicating increase in knowledge, confidence, and skills. 	

Aim 5. Support the media in delivering sensitive approaches to suicide and suicidal behaviour

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Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
5.1 To ensure sensitive supporting of suicides in the SY & B region.	To work with ICS colleagues to engage the local media in sensitive reporting of suicides in the region in line with national Samaritans guidance.	ICS Suicide Prevention Group members.	To be confirmed. Possibly November/December 2018.	Sensitive approaches to suicide and suicidal behaviour used in media/social media communications: <ul style="list-style-type: none"> • ICS workshop held for local media. • Number of local media attending the workshop. • Evidence of sensitive reporting. 	
5.2 To use local and social media to promote suicide prevention and mental health initiatives.	To develop marketing plans for campaigns which demonstrate a good breadth of local media being utilised.	Comms Leads across all partners working with PH.	Ongoing.	Sensitive approaches to suicide and suicidal behaviour used in media/social media communications: <ul style="list-style-type: none"> • Marketing plans for campaigns reflecting a broad range of media being utilised. 	
5.2 continued	To use health awareness events throughout the year to	Comms Leads across all partners working with PH.	Ongoing but minimum of two health events per year being used	Evidence of campaigns being promoted through;	

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Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
	promote agreed mental health messages.		to raise the profile of suicide prevention and mental health messages.	social media, local media, internal and external organisational newsletters.	

Aim 6. Support research data collection and monitoring

Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
6.1 To ensure that there is reliable, timely and accurate suicide statistics for suicide prevention and self-harm in Rotherham.	<p>To continue with Rotherham's real time surveillance:</p> <p>SYP- Safer Neighbourhoods Service to keep up to date records on suspected suicides.</p> <p>SYP to notify Public Health, RCCG,</p>	SYP Neighbourhood Services working with Coroner's Office, PH, RDaSH and RCCG.	Ongoing commitment.	<p>Rotherham Suicide Prevention and Self Harm plan reflects current local data:</p> <ul style="list-style-type: none"> Data presented quarterly to the SP & SH Group at quarterly meetings and to the MH & LD Transformation Group. 	

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Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
	RDaSH, Domestic Abuse Coordinator, Drug/Alcohol Services and Housing following a suspected suicide.			<ul style="list-style-type: none"> • Evidence of actions being taken through Suicide Audit minutes. • Action plan updated accordingly. 	
6.1 continued	Use the real time data to identify geographical areas which need a focused response and work with these local communities to develop specific suicide prevention interventions.	Public Health working with Elected Members, Primary Care, RDaSH and Neighbourhood colleagues.	From April 2019	Reduced suicide amongst men: <ul style="list-style-type: none"> • Evidence of community based activities/events. • Evaluations/case studies which reflect local activity. 	
6.1 continued	To produce an annual suicide audit report which is presented to the SP & SH Group	SYP with input from PH, RCCG and RDaSH	December 2018	<ul style="list-style-type: none"> • Annual data presented to the SP & SH Group. • Action plan updated accordingly. • Pathways amended accordingly. 	

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Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
6.2 continued	To work with colleagues across the ICS to ensure that there is a robust process in place for real time surveillance (RTS).	Members of the ICS SP Steering Group	Work commencing in September 2018	<ul style="list-style-type: none"> • Agreed definition of RTS • Robust approach to data collection across the ICS • Agreed processes for appropriate sharing of information across the ICS. 	
6.2 continued	To work with colleagues across the ICS to consider the possibility of conducting a sociological autopsy, which would consider personal, economic and societal factors that affect suicide	Members of the ICS SP Steering Group	Work commencing in September 2018	<ul style="list-style-type: none"> • Scope of work agreed with ICS partners. • Audit work commenced. • Production of a suicide Audit report for the ICS area which would detail all local factors which relate to deaths from suicide. • Report shared with local group. • Actions incorporated into local action plan. 	

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Aim 7. Workforce development and welfare of workforce (include primary care)

Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
7.1 To develop a graduated response to suicide prevention training.	To develop and test a graduated response to suicide prevention training within RMBC and RDaSH initially which can then be shared with other partners.	PH and RDaSH working with respective L & D colleagues within the council.	March 2019.	Suicide alert workforces: <ul style="list-style-type: none"> • Scope a graduated response to suicide prevention training. • Test the approach with RMBC. • Evaluate. • Report back to SP group. • Roll out a coordinated programme of suicide prevention training which includes basis awareness raising to advanced training for specialist staff. 	
7.2 To create suicide alert communities	Explore opportunities to roll out suicide prevention training for non-health and	PH, RDaSH RCCG working with primary care and neighbourhood	March 2019.	Suicide alert communities:	

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Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
	primary care workers- with a focus on high risk geographical areas.	colleagues		<ul style="list-style-type: none"> • Number of people trained to identify people who may be at risk of suicide. • Feedback from participants attending the training courses showing that they are more confident to be able to spot the signs and signpost on. 	
7.3 To ensure that there is a more sustainable offer for Mental Health First Aid (MHFA) Training.	To develop a coordinated response to MHFA training.	PH, RDaSH and RUCST.	September 2019.	<ul style="list-style-type: none"> • Identify the number of qualified trainers. • Identify target groups to be trained in 2019/20. • Numbers trained and database or organisations receiving the training. • Reports to the SP group. 	

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8. Acute mental health services

Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
Reduce the risk of suicide and self-harm following discharge from mental health services					
Implement follow up within 48 hours with patients with a history of suicide attempts/self-harm.	<ol style="list-style-type: none"> 1. Develop 48 hour follow-up pathway. 2. Implement pathway. 3. Evaluation of pathway. 	RDASH with partner agencies including the voluntary sector.	<p>1 & 2 March 2019.</p> <p>3 September 2019.</p>	<ul style="list-style-type: none"> • 48 hour follow-up pathway developed and launched. • All patients presenting a risk who have been admitted to the In-patient mental health services will have contact within 48 hours to review needs and risks. • Pathway evaluation completed. 	
Develop and establish a graduated response to training within RDaSH Care Group.	<ol style="list-style-type: none"> 1. Develop and agree graduated response to training. 2. Roll out of plan against agreed trajectory. 	RDASH	<ol style="list-style-type: none"> 1. Graduated response training model to be established by January 2019. 2. Agreed trajectory for the roll out of 	<ul style="list-style-type: none"> • Increased knowledge and skills within the workforce around suicide prevention – training evaluation completed. 	

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	3. Evaluation.		training during 2019 /20 in place – February 2019.	<ul style="list-style-type: none"> All staff completed training, in line with agreed criteria – evidence from PDR records. Evaluation completed. 	
Implementation of Storm training for all Access/Crisis/Core 24 clinical staff, as a mandatory requirement.	<p>Establish baseline of number of staff trained.</p> <p>Agree training rollout programme.</p> <p>Established as part of mandatory training requirement.</p> <p>Evaluation.</p>	RDASH	<p>1. 95% staff trained by December 2019.</p> <p>2. Storm training established as mandatory requirement for all clinical staff in Access/Crisis / Core 24 team by March 2019.</p>	Increased knowledge and skills for key frontline staff around suicide prevention and assessment.	
Core 24	Develop suicide-prevention / self-harm as part of Core 24 delivery (Contract SDIP).	RDASH / CCG / TRFT	<p>By June 2019 Plan agreed.</p> <p>Delivery of plan throughout 2019/20.</p>	<ul style="list-style-type: none"> Develop and agree a delivery plan, as part of the 2019/20 Contract SDIP. 	
Stay Alive app	Promote awareness of the Stay Alive app amongst those individuals using	RDASH	By May 2019	<ul style="list-style-type: none"> Increase awareness of the Stay Alive app. 	

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	RDaSH services			<ul style="list-style-type: none"> • Increase access to the app through promotion on patient information. 	
Crisis Provision	To review the current Crisis provision and response, as part of the Core Fidelity Development process.	CCG/PH/RDaSH	By March 2019 agreed plan in place.	<ul style="list-style-type: none"> • Improved Mental health emergency and urgent care response. 	
Early intervention in Psychosis	Develop suicide-prevention / self-harm as part of EIP service (Contract SDIP).	RDaSH	By June 2019 Plan agreed. Delivery of plan throughout 2019/20.	<ul style="list-style-type: none"> • Develop and agree a delivery plan, as part of the 2019/20 Contract SDIP. 	
Audit of deaths relating to suicide of those in MH Services	Establish a Task and finish group. Undertake an audit. Produce audit report and future recommendations.	PH/CCG/RDaSH	By Feb-19.	<ul style="list-style-type: none"> • Audit and recommendation report produced. 	

Progress Summary

Date of meeting	Actions Outstanding	Lead	Actioned By

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Date of meeting	Actions Outstanding	Lead	Actioned By

Grey	Not due to start
Red	Not on target
Amber	Almost achieving target
Green	Achieving Target On track
Blue	Complete