

HEALTH AND WELLBEING STRATEGY: PERFORMANCE SPOTLIGHT	AIM:	Aim 2: All Rotherham people enjoy the best possible mental health and wellbeing and have a good quality of life.
	MEASURE:	Suicide rate (Age-standardised mortality rate from suicide and injury of undetermined intent per 100,000 population).
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1. Background

- 1.1 Information taken from the Public Health England Suicide Prevention Profiles and Office of National Statistics (ONS) data.
- 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.
- 1.5 Rotherham held a symposium in June 2019 as an opportunity for partners working across Rotherham to hear about national research and best practice in relation to suicide prevention. The symposium acted as a self-assessment of the Rotherham Suicide Prevention and Self Harm Action Plan. Following the symposium the action plan was refreshed and will come to the Health and Wellbeing Board for sign off.
- Professor Nav Kapur, Head of Research at the Centre for Suicide Prevention at Manchester University and lead for the suicide work programme of the National Confidential Inquiry into Suicide and Safety in Mental Health Services gave the national context/picture for suicide prevention on the themes below:
- People under the care of mental health services.
 - Better information/support to those children, young people and adults bereaved or affected by suicide.
 - People who self-harm.
 - Men and primary care.
- 1.6 Professor Nav Kapur and colleagues will review Rotherham's action plan to provide assurance and challenge where necessary.

2. Performance

2.1 Information taken from the Public Health England Suicide Prevention Profiles (Rotherham data updated to 2016–2018) and Office of National Statistics (ONS) data.

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

2.2 OVERALL - ALL PERSONS

On the 3rd September 2019 the Office of National Statistics published:

1. [Suicides in the UK: 2018 registrations](#)

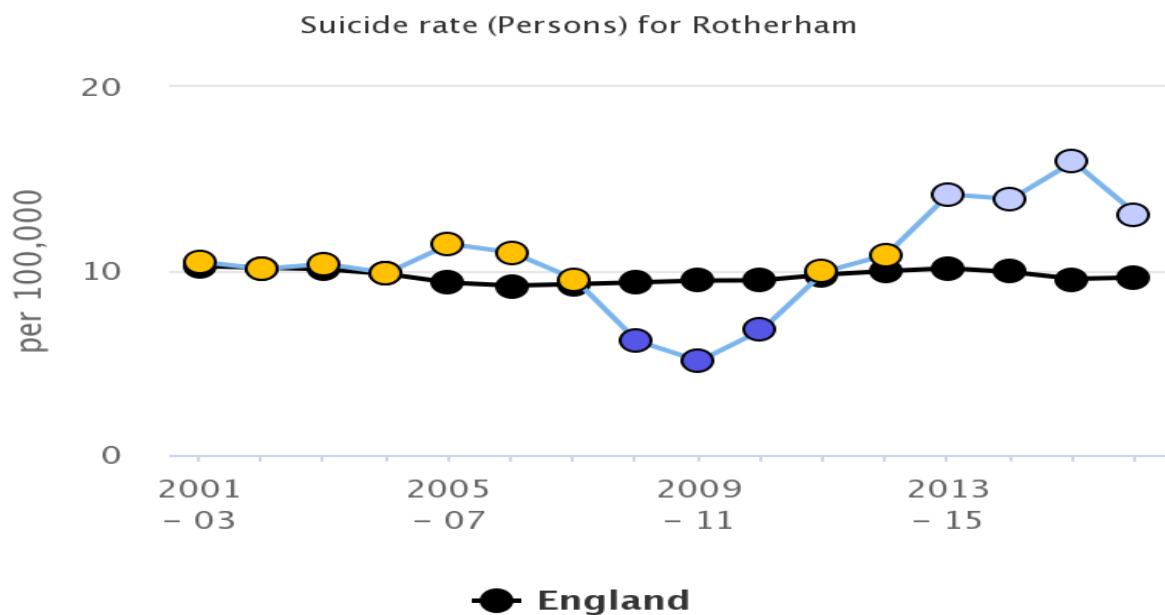
Registered deaths in the UK from suicide analysed by sex, age, area of usual residence of the deceased and suicide method.

2. [Quarterly suicide death registrations in England: 2001 to 2018 registrations and 2019 provisional data](#)

Provisional rate and number of suicide deaths registered in England per quarter. Includes 2001 to 2018 registrations and provisional data for 2019 Quarters 1 and 2 (Jan-Mar, April-June).

2.3 Rotherham

After a small decrease between 2013-15 and 2014-16, the 3-year directly age-standardised rate (DSR) increased from 13.9 to 15.9 deaths per 100,000 between 2014-16 and 2015-17. The latest data for 2016 – 2018 shows that this has now dropped to 13.1 deaths per 100,000 a decrease of nearly 18%.



Recent trend:

Period		Rotherham				Yorkshire and the Humber region	England
		Count	Value	Lower CI	Upper CI		
2001 - 03	●	69	10.5	8.2	13.3	10.0	10.3
2002 - 04	●	67	10.1	7.8	12.9	10.2	10.2
2003 - 05	●	69	10.4	8.1	13.2	10.4	10.1
2004 - 06	●	65	9.9	7.6	12.6	10.2	9.8
2005 - 07	●	76	11.5	9.0	14.4	9.7	9.4
2006 - 08	●	74	11.0	8.6	13.8	9.4	9.2
2007 - 09	●	65	9.6	7.4	12.2	9.4	9.3
2008 - 10	●	42	6.2	4.5	8.4	9.0	9.4
2009 - 11	●	34	5.1	3.5	7.1	9.0	9.5
2010 - 12	●	46	6.8	5.0	9.1	9.6	9.5
2011 - 13	●	68	10.0	7.7	12.6	10.4	9.8
2012 - 14	●	74	10.9	8.5	13.7	10.3	10.0
2013 - 15	●	96	14.2	11.5	17.3	10.7	10.1
2014 - 16	●	94	13.9	11.2	17.0	10.4	9.9
2015 - 17	●	107	15.9	13.1	19.3	10.4	9.6
2016 - 18	●	87	13.1	10.5	16.2	10.7	9.6

Source: Public Health England (based on ONS source data)

Yorkshire and Humber Region

2.4 Yorkshire and the Humber had a statistically higher suicide rate for males in 2018 compared to the overall rate for males in England & Wales – 19.0 deaths per 100,000 males compared to 16.2 (ONS, 2019).

The suicide rate increased from 15.3 in 2017 to 19.0 deaths per 100,000 in 2018 for males in Yorkshire and Humber.

For females, the highest suicide rate in 2018 in England was seen in Yorkshire and the Humber – 5.7 deaths per 100,000 women.

England - All persons suicides

2.5 5,021 suicides were registered in 2018, 570 more than in 2017 when there were 4,451 deaths (12.8% increase). This equates to a statistically significant increase in the suicide rate, with 10.3 deaths per 100,000 persons in 2018 compared to 9.2 deaths per 100,000 in 2017 (ONS, 2019).

The latest England rate represents the first increase since 2014, however, the rate still remains lower than at the beginning of the time series (1981) when there were 14.6 deaths per 100,000 persons.

BY SEX

Rotherham

2.6 The directly age-standardised rate for males in 2016-2018 dropped to 20.3 deaths per 100,000 from 24.0 in 2015-2017.

For females in 2016–2018 the rate has dropped to 6.4 deaths per 100,000 from 8.4 in 2015-2017.

England

2.7	<p>Since the early 1990s males have accounted for around three-quarters of suicide deaths nationally, 76% of the registered deaths in 2018 were among men (3,800 male deaths compared with 1,221 female deaths).</p> <p>The number of male death registrations in 2018 was 14.2% higher than the total in 2017 (3,328 deaths). This equates to a statistically significant increase in the England male suicide rate, with 15.9 deaths per 100,000 males in 2018, compared with 14.0 deaths per 100,000 males in 2017. However, the latest rate remains statistically lower than that observed in 1981 when there were 19.3 deaths per 100,000 males in England.</p>
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3. Analysis and implications

3.1	<p>Suicide rates tend to fluctuate on a year-to-year basis. It is therefore too early to say whether the latest increase nationally represents a change in the recent trend. The factors behind any increase in suicide rates are complex.</p>
3.2	<p>In England and Wales, all deaths caused by suicide are certified by a coroner. In July 2018, the standard of proof used by coroners to determine whether a death was caused by suicide was lowered to the “civil standard” (balance of probabilities) where previously a “criminal standard” was applied (beyond all reasonable doubt).</p>
3.3	<p>It is likely that lowering the standard of proof will result in an increased number of deaths recorded as suicide. The Office for National Statistics will monitor and report the effect of this change when more evidence is available.</p>
3.4	<p>What’s working well</p> <ul style="list-style-type: none"> ○ Joint working between the CCG, RMBC and men’s groups to develop the concepts for the suicide prevention campaign, ‘Be the One’. <p>Rotherham has secured NHSE Year 2 Suicide Prevention Funding. This will be used to fund:</p> <ul style="list-style-type: none"> ○ Promotion of a second round of small grants awards to men’s groups who are tackling the risk factors relating to suicide. Current work is taking place to evaluate the impact and outcomes from the first round. ○ Implementation of the Train the Trainer Self Harm project. The training programme commences at the end of September. ○ Provision of a listening service for those people bereaved and affected by suicide. ○ Suicide prevention training for frontline staff and targeted work in areas of higher rates. <p>Rotherham Public Health and Rotherham CCG are working with colleagues across the ICS to look at:</p> <ul style="list-style-type: none"> ○ Working with the media in relation to suicide prevention. ○ Establishing, implementing and evaluating one real time surveillance data system across South Yorkshire. Rotherham Safer Neighbourhood Service (SYP) have been doing this work for years and have been key in sharing good practice across the region. ○ Supporting those people bereaved and affected by suicide. ○ Working with Sheffield University to conduct an audit of coroners records to build up a richer narrative about the wider personal, economic and societal factors that contributed to the suicide that could be used to inform the development of future local and ICS level suicide prevention work.

3.5	<p>What are we worried about?</p> <ul style="list-style-type: none"> ○ Number of women in Rotherham and in the region who take their own lives. Rotherham Public Health has commenced initial conversations with a local university about some research into this area. ○ Suicide rates whilst dropping in this three year period are still above the national average.
3.6	<p>What needs to happen next?</p> <ul style="list-style-type: none"> ○ Launch of the 'Be the One' campaign and monitoring of impact. ○ Health and Wellbeing Board to sign off the Rotherham Suicide Prevention and Self Harm Action Plan. ○ Implementation, evaluation of NHSE Year 2 funded work. ○ Discussions with ICS colleagues in relation to any joint commissioning opportunities, for example support for those people bereaved and affected by suicide. ○ Working with a local university to understand the why women take their own lives and look at what actions can be taken by all partners.
4. Recommendations	
4.1	The Health and Wellbeing Board to receive the refreshed Rotherham Suicide Prevention and Self Harm Action Plan 2019-2021.
4.2	The Health and Wellbeing Board to receive six monthly updates on progress against the action plan and updates on the work funded through the NHS England suicide prevention funds.