Rotherham Suicide Prevention and Self Harm Action Plan 2022-2023

'Be the one to Talk, Listen and Care'

Introduction

In 2020, there were 5,224 suicides registered in England and Wales, equivalent to an age-standardised mortality rate of 10.0 deaths per 100,000 people and statistically significantly lower than the 2019 rate of 11.0 deaths per 100,000. Suicides in England and Wales - Office for National Statistics (ons.gov.uk)

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
- Support research, data collection and monitoring.

Local areas should aim to tackle all six areas of the national strategy in the long term. However Public Health England (PHE) guidance issued in 2016

(https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/585411/PHE_local_suicide_prevention_planning_practice_resource.pdf) on suicide prevention recommended the following short term actions:

- 1. Reducing risk in men
- 2. Preventing and responding to self-harm, with a range of services for adults and young people in crisis, and psychosocial assessment for self-harm patients
- 3. Mental health of children and young people
- 4. Treatment of depression in primary care
- 5. Acute mental health care
- 6. Tackling high frequency locations
- 7. Reducing isolation
- 8. Bereavement support

Reducing suicides remains an NHS priority over the next decade as referenced in the NHS Long Term Plan (https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf)

Suicide prevention is a priority area within the South Yorkshire and Bassetlaw Integrated Care System (ICS) and joint working is taking place across the ICS to address the following areas:

- 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.

Locally suicide prevention is a priority area within the Rotherham Place Plan and Health and Wellbeing Board Strategy.

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

This plan outlines the actions Rotherham organisations are taking to prevent suicides from both the national strategy and PHE guidance.

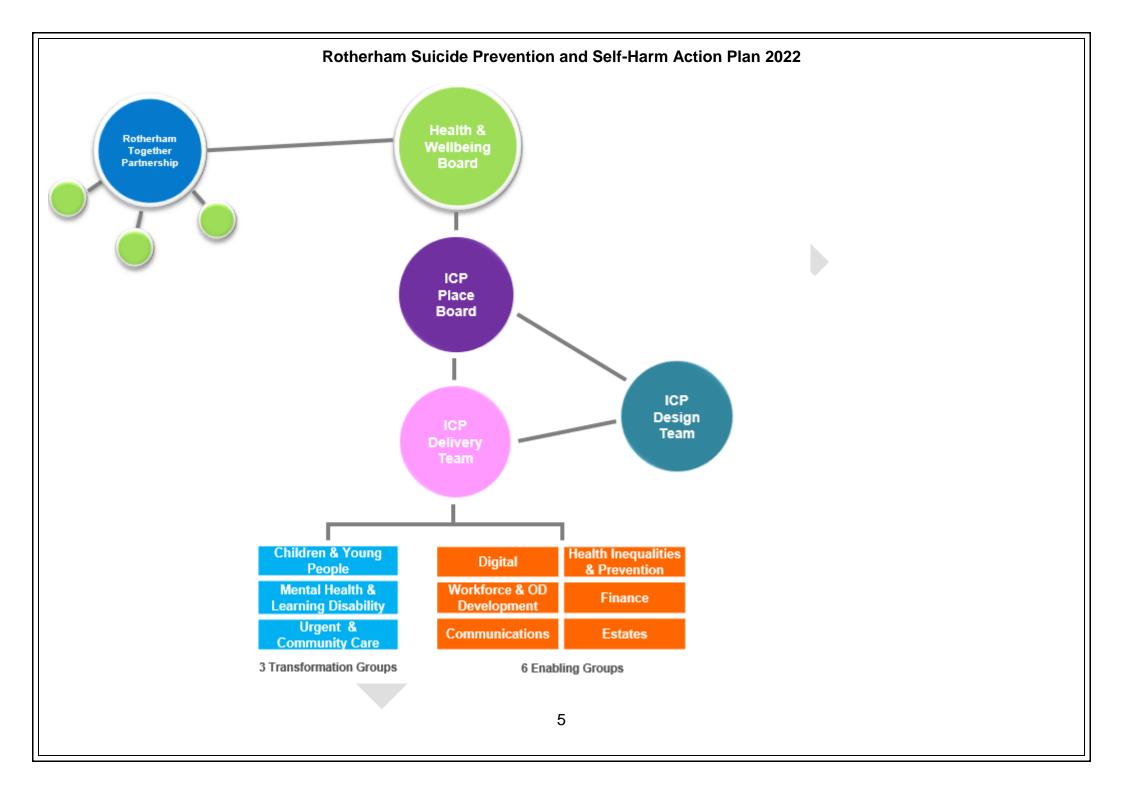
Governance arrangements

Rotherham takes suicide prevention seriously. The multi agency Rotherham Suicide Prevention and Self Harm Group meets bimonthly and is tasked to implement this plan, with the Suicide Prevention Operational Group meeting every six weeks to review real time data chaired by Public Health Specialist- Lead for Suicide Prevention. There is a Strategic Suicide Prevention Group, chaired by Director of Public Health, which ensures that prompt action is taken in response to real time date and the resourcing of necessary actions is available.

Partners represented on the Rotherham Suicide Prevention and Self-Harm Group include:

- 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 Group, a subgroup 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 Group and Strategic Suicide Prevention Group chaired by the Director of Public Health. The diagrams on pages 5 & 7 show the reporting structure for suicide prevention.



Rotherham Suicide Prevention Symposium

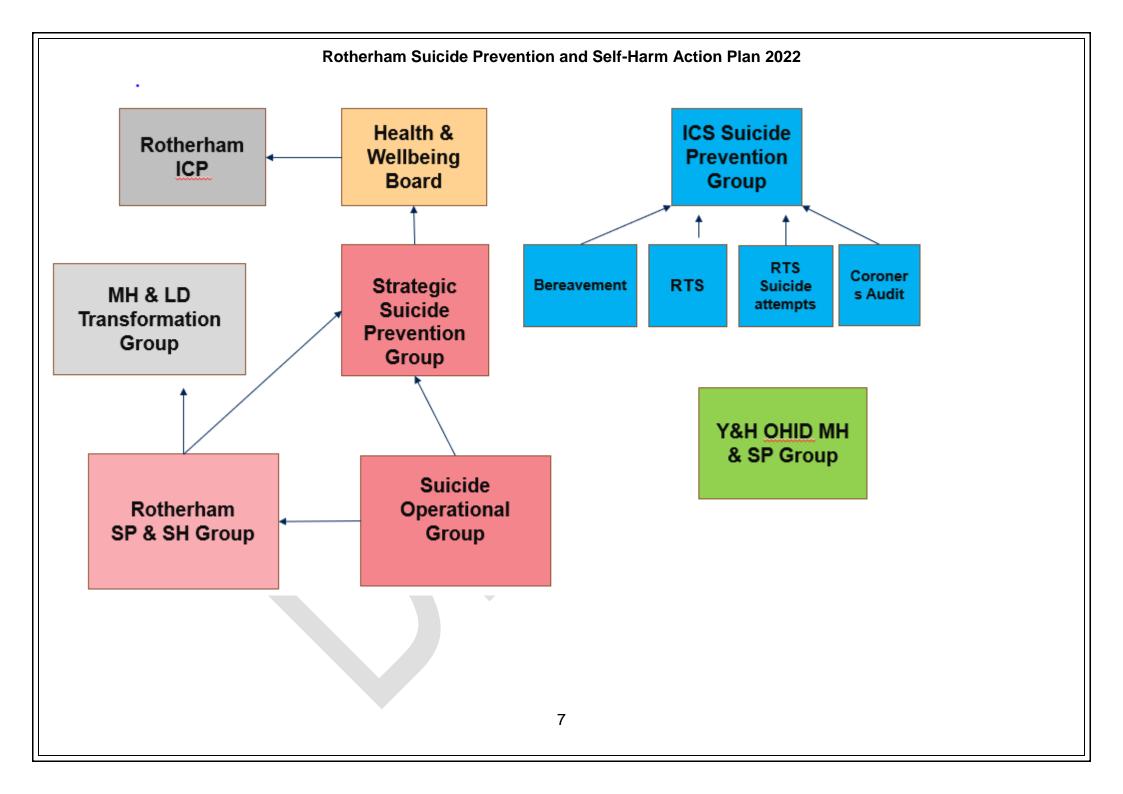
On the 12th October a second suicide prevention symposium was held in Rotherham with the following delegates invited to attend:

- Chief Executive Officers of the Health and Wellbeing Board
- Members of the Strategic Suicide Prevention Group
- Members of the Operational Suicide Prevention Group
- Members of the Rotherham Suicide Prevention and Self Harm Group

The symposium provided 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 go to the Health and Wellbeing Board for their approval.

Professor Nav Kapur gave the national context/picture for suicide prevention and reflected on the impact the pandemic is having on suicide rates and vulnerable and at-risk groups.

(Professor Kapur is Head of Research at the Centre for Suicide Prevention at Manchester University and also leads the suicide work programme of the National Confidential Inquiry into Suicide and Safety in Mental Health Services).



National Picture

National real time data which has been collected during the pandemic has not shown the increase in suicides that perhaps was expected in the UK during this time. However, as the pandemic moves through different phases communities and groups continue to be affected differently and the pandemic has exposed the inequalities that exist. Some of the things which may have supported vulnerable people during the initial stages of the pandemic, for example increased contact from people, may start to erode as people move back to a more normal way of life. For others their lives will now look very different with new financial hardships, loss of loved ones and an increased sense of loneliness.

Office of National Statistics, **Suicides in England and Wales: 2020 registrations.** Registered deaths in England and Wales from suicide analysed by sex, age, area of usual residence of the deceased and suicide method.

- In 2020, there were 5,224 suicides registered in England and Wales, equivalent to an age-standardised mortality rate of 10.0 deaths per 100,000 people and statistically significantly lower than the 2019 rate of 11.0 deaths per 100,000.
- The decrease is likely to be driven by two factors; <u>a decrease in male suicides at the start of the coronavirus (COVID 19) pandemic</u>, and delays in death registrations because of the pandemic.
- Around three-quarters of registered suicide deaths in 2020 were for men (3,925 deaths; 75.1%), which follows a consistent trend back to the mid-1990s.
- The England and Wales male suicide rate of 15.4 deaths per 100,000 is statistically significantly lower than in 2019 but consistent with rates in earlier years; for females, the rate was 4.9 deaths per 100,000, consistent with the past decade.
- Males and females aged 45 to 49 years had the highest age-specific suicide rate (24.1 male and 7.1 female deaths per 100,000).
- For the fifth consecutive year, London has had the lowest suicide rate of any region of England (7.0 deaths per 100,000), while the highest rate in 2020 was in the North East with 13.3 deaths per 100,000.

https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/suicidesintheunitedkingdom/2020registrations

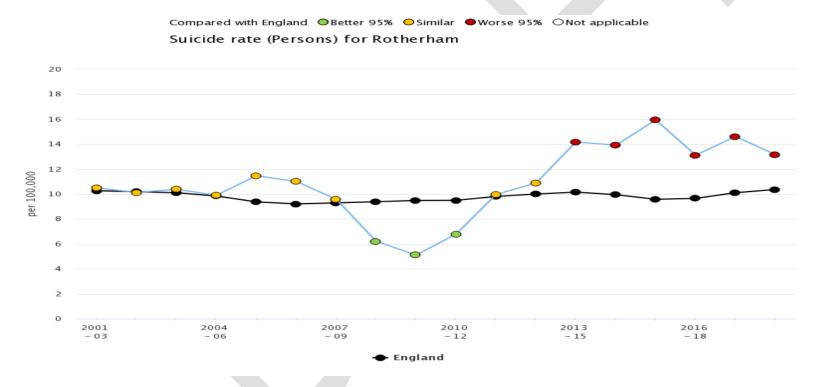
Local picture

Rotherham Data

The Fingertips Profiles Updates (PHOF and Suicide Prevention Profiles) for Rotherham in November 2020 (Age-standardised mortality rate from suicide and injury of undetermined intent per 100,000 population), shows:

> Suicide Rate Persons

The latest suicide data shows that Rotherham has seen a small decrease in suicides for the period 2018-2020 to 13.3 per 100 000 which is a decrease by 1.4 from 2017- 2019. Rotherham now ranks 6th compared to CIPFA Nearest Neighbour local authorities. Rotherham's rate is still significantly higher than the rate for England at 10.4 per 100,000.



Rotherham is significantly higher than England (Red RAG-status) 13.2 compared to 10.4 for England. However, rates have dropped from the last three-year period (2017-2019- 14.6)



Suicide rate (Persons) New data 2018 - 20

Directly standardised rate - per 100,000

Area	Recent Trend	Neighbour Rank	Count	Value		95% Lower Cl	95% Upper CI
England	-	-	15,249	10.4	H	10.2	10.5
Neighbours average	-	-	-	-		-	-
Wakefield	-	4	147	16.2	<u> </u>	13.5	18.8
Calderdale	-	11	86	15.6		12.5	19.3
Sunderland	-	14	104	14.4		11.6	17.2
Doncaster	-	1	112	13.8	<u> </u>	11.2	16.4
Wigan	-	5	117	13.6	<u> </u>	11.1	16.1
Rotherham	-	-	88	13.2	-	10.5	16.2
Barnsley	-	3	82	12.7	 	10.1	15.8
Dudley	-	10	94	11.3		9.2	13.9
Stockton-on-Tees	-	7	57	11.0		8.4	14.3
Halton	-	9	36	10.8		7.6	15.0
St. Helens	-	2	51	10.8		8.0	14.2
Bolton	-	13	72	9.8		7.7	12.4
Telford and Wrekin	-	6	45	9.8		7.1	13.1
Rochdale	-	15	54	9.7		7.3	12.7
Walsall	-	12	68	9.5		7.4	12.0
Tameside	-	8	49	8.3		6.2	11.0

In 2017-19 Rotherham ranked as 3rd highest compared to 15 CIPFA nearest neighbour local authorities. Now in 2018-2020 it ranks as 6th

> Gender

Males still account for most deaths in Rotherham. The rate for Rotherham in 2017-2019 period was 22.3, and this has now dropped by 3.3 to 19 per 100,000 for 2018-2020.

- Female deaths for Rotherham for this period have risen by 0.4 to 7.9 per 100,000.
- > Yorkshire and Humber and England have seen increases in all person, male and female deaths during this period, as shown in the diagram below:

Suicide rate (per	Barnsley	Doncaster	Sheffield	Rotherham	Y&H	Eng
100,000) 2018 -20						
Persons	12.7 <mark>(2)</mark>	13.8 (0.1)	11.3 (1.3)	13.2 (1.4)	12.5	10.4
					(0.5)	(0.3)
Male	20.2 (2.8)	21.0 (0.5)	18.3 (3.1)	19 (3.3)	19.2	15.9
					(0.9)	(0.4)
Female	5.5 (1.3)	6.7 (0.1)	4.3 (0.6)	7.9 (0.4)	6.1 (0.2)	5.0 (0.1)

South Yorkshire and Bassetlaw Integrated Care System





SUICIDE AUDIT FINDINGS



AIMS

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The purpose of this audit was to use information collected by Coroner's to explore suicides locally



WHAT DID WE FIND?

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Some of the things we found we knew about already from the national picture, such high numbers of white, middle-aged males from areas of higher deprivation.



METHODS

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We developed a standardised data collection form and worked closely with local Coroners and their staff.



NO SUICDE

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We were however struck by how the characteristics and circumstances of those who died differed. No suicide was the same and it can affect a wide range of people in different periods of their lives.



WHO & WHEN?

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We looked at 157 suicides from 2018 and 2019 of people who lived in Sheffield, Doncaster, Rotherham, Barnsley and Bassetlaw.



RED FLAGS?

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Those who died were often facing a combination of difficulties around the time of their death such as physical or mental health problems, difficulties with drugs or alcohol and life stressors such as relationship issues.



WHY?

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Every death by suicide is a tragic loss of life. We hope to use information collected in this way to try to guide our prevention work.



WHAT CAN BE DONE?

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The results of this audit will be used to inform local prevention strategies and we will continue to collect more information over time to improve our local knowledge of suicide.

South Yorkshire and Bassetlaw suicide audit: Summary of overall Findings

Basic Demographics:

- 79% were male
- The mean age was 48 years
- There was a similar mean age for males and females
- 45 to 52 years of age was the most common age range (25%)
- Mostly white ethnicity (96%) and born in the UK (85%)

In summary:

- Over half of the people who died had one or more existing chronic or long-term health condition.
- · A history of alcohol problems was mentioned in more cases than substance misuse
- Many of those who died had received a diagnosis of a mental health problem at some point in their lives according to reports from their GP, mental health team or witness accounts
- The life events were relationship issues (37.2%); housing issues (22.1%); work-related stressors (20.0%) and non-specific financial difficulties (17.9%) in the period prior to death.

Rotherham data:

- 88% were male
- 40.7 % lived in most deprived area followed by 33.3% for second most deprived
- 61% had a long-term health condition
- 72% had any mental health condition
- 33.3% were recorded as having a history of problems with alcohol
- 45.5% had previously attempted to take their own life
- 21.2% had self-harmed
- 45.5 % had consulted with their GP in the 3 months prior to their death
- 58.3% had consulted with their GP about their mental health
- The life events were; relationships issues, work related, housing issues, financial difficulties child protection related, bereavement and armed forces.

Self-harm- National and Regional Picture

Emergency Hospital Admissions for Intentional Self-Harm New data 2020/21

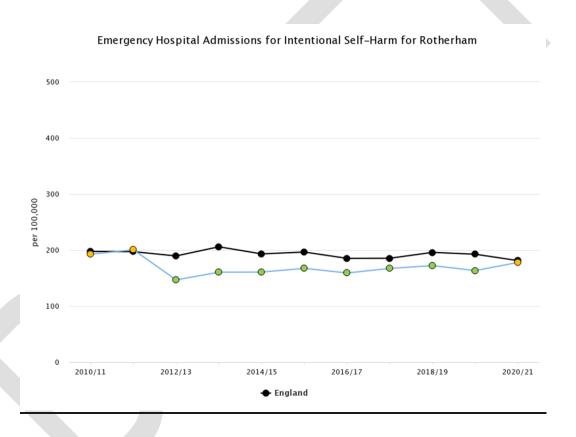
Directly standardised rate - per 100,000

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	-	102,472	181.2	180.1	182.3
Yorkshire and the Humber region	-	9,530	172.7	H 169.2	176.2
Scarborough	•	270	292.4	257.9	330.3
Barnsley	-	635	269.5	248.9	291.5
Hambleton	-	175	221.6	189.1	258.0
Kingston upon Hull		570	218.2	200.4	237.2
Doncaster	-	645	213.0	196.8	230.2
Wakefield	-	705	210.7	195.4	226.9
North East Lincolnshire	⇒	280	191.5		215.4
Calderdale	-	370	179.9	⊢ 161.9	199.3
Rotherham	→	450	178.0	⊢ 161.9	195.3
Ryedale	†	85	173.3	137.4	215.4
York	+	400	172.4	155.4	190.8
Bradford	-	935	169.6	H 158.8	180.9
North Lincolnshire	⇒	270	168.5		190.1
Leeds		1,385	164.8	H 156.0	173.9
Craven	→	80	161.0	126.6	201.8
Kirklees	-	695	156.9	145.4	169.0
East Riding of Yorkshire	-	445	145.8	132.3	160.4
Richmondshire	⇒	65	128.9	99.6	164.0
Selby	→	110	127.5	104.6	153.9
Sheffield	-	785	127.4 H	118.4	136.9
Harrogate	+	175	121.1	103.3	141.1



Self-Harm- local picture

Rotherham hopsital admissions due to intentional self harm are similar to the average for England. Hospital admissions are often just the tip of the iceberg and do not reflect self harm prevalence rates within the wider community.



Achievements in the 2019-2021 action plan

- Rotherham held two suicide prevention symposiums with partner organisations represented at both. The guest speaker at both events was Professor Nav Kapur, Head of Research at the Centre for Suicide Prevention at Manchester University and a national lead on the suicide work programme of the National Confidential Inquiry into Suicide and Homicide by People with Mental Illness.
- Three years of NHS England suicide prevention funding enabled Rotherham to run a mental health small grants scheme to address risk factors and promote protective factors, provide training for frontline staff, run targeted work in geographical areas and develop and run a Self-Harm Train the Trainer project.
- Rotherham's suicide prevention campaign, Be the One, was launched in 2019 with support from men's groups to get the message and look of the campaign right. The campaign reached had 1 million visits to the website within the first 2 months. It has since seen the launch of a film and campaign messages targeting women.
- A support service for those bereaved, affected and exposed to suicide was commissioned in Rotherham and then across South Yorkshire.
- Workshops for frontline staff on supporting people bereaved by suicide.
- A general bereavement listening service was set up during 2020-2021 across South Yorkshire.
- Top Tips for suicide prevention were produced for primary care and suicide prevention was incorporated into the GP Quality contract. .
- The Sudden and Traumatic bereavement pathway for children and young people was refreshed with input from partner organisations.
- A Suicide Operational Group was established to review all suspected suicides in real time to prevent contagion, identify risk factors and groups and support all those bereaved and affected by suicide.
- Promotion of the Five Ways to Wellbeing messages to help people to adopt ways to look after their mental wellbeing.
- Promotion of RotherHive as a resource for adults to access for information and advice on their mental health, covering issues like loneliness, debt, relationships and alcohol.
- Partnership working with the voluntary sector on suicide prevention.
- Working with colleagues across South Yorkshire and Bassetlaw Integrated Care System on suicide prevention activity which included the Coroners Audit, a memorial event for all those bereaved by suicide and working with the local media,

Helpful resources on suicide prevention

HM Government, (2012), Preventing suicide in England: A cross-government outcomes strategy to save lives

Office of Health Improvements and Disparities, Fingertips Public Health Data: Suicide Prevention Profile

Public Health England, (2019), Identifying and responding to suicide clusters: A practice resource

Public Health England (2020) Local suicide prevention planning: A practice resource

Public Health England, (2015), Preventing suicide in public places: a practice resource

Public Health England (2016), Support after a suicide: A guide to providing local services

Support After Suicide Partnership, Help is at Hand

The following action plan should be read conjunction with the following plans which support action to address the wider determinants:

- Rotherham Loneliness Action Plan
- Rotherham Better Mental Health for All Action Plan
- Rotherham Prevention and Health Inequalities Strategy and Action Plan
- Rotherham Domestic Abuse Action Plan

Aim 1. Reducing the number of suicides amongst people receiving mental health support from across all organisations

Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
1.1 To have a whole system approach to suicide prevention within acute and community mental health services.	To implement Rotherham Doncaster and South Humber NHS Foundation Trust KEEPING SAFE KEEPING WELL Suicide Prevention Action Plan 2019 – 2021 This action plan is being updated and the plan will continue to be implemented.	RDaSH	Action Plan will be reviewed annually through the Mortality Surveillance Group chaired by the Executive Medical Director.	A reduction in the number of suicides amongst people receiving mental health support: Plan focusses on zero suicide for inpatients. Part of a Place based ambition to of a 10% reduction.	
1.2 Staff across the health, SYP, VCS and social care system are equipped to identify and support people at risk of suicide.	1.2.1 Promotion of the Place prompt sheet to enable staff to deal with suicidal ideation. 1.2.2 Promotion and adoption of the Zero Suicide Alliance Training.	1.2.1. & 1.2.2 PHS, RMBC & RCCG/Place Comms and Engagement Leads working with Place leads.	Prompt sheet launched March 2022. Zero Suicide Alliance Training promoted via prompt sheet and through Be the One from April 2022.	A reduction in the number of suicides amongst people receiving mental health support: Number of staff trained across the sectors.	

Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
	1.2.3 Promotion of RotherHive to health and social care- utilising the briefing pack. 1.2.4 Training programme for suicide prevention and self- harm promoted during 2022 with a focus on VCS and primary care 1.2.5 Suicide Awareness session for SYP Sergeants and Inspectors	1.2.4 PHS & Learning and Development, RMBC. 1.2.5 PHS, MH Lead Safer Neighbourhood Service	Briefing sessions for health and social care staff on RotherHive March 2022 onwards. Training programme launched April/May 2022. SYP training delivered July 2022.	Staff feeling more confident and knowledgeable. Increasing number of visits to local websites Be the One and RotherHive website.	

Aim 2. To improve support to those bereaved and affected by suicide

Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
2.1 To provide support and early intervention to children and young people	2.1.1 To review with Partner organisations, the Child Bereavement pathway, brief all organisations and upload onto Tri-x. 2.1.2 To review offer of support to schools following a death by suicide of a parent/carer.	2.1.1 PHS working with partners from RMBC C&YP services, SY Police and CAMHS.	2.1.1 Review due October 2022 2.1.2 Review of Critical Incident information to schools and bereavement	Children bereaved or affected by suicide receiving appropriate support: Pathway renewed.	
bereaved by suicide.	2.1.3 To rollout training to CYPS practitioners working across the partnership re supporting children, young people and families bereaved by suicide. 2.1.4 To address the recommendations at Place from work conducted by Chilypep on a coproduced toolkit to support CYP and families bereaved by suicide and guide organisations to provide appropriate postvention support.	2.1.2 The review will incorporate any feedback from families where this is available. 2.1.2 Review of offer to schools will be led by Educational Psychology and PH.	toolkit- Sept 2022. 2.1.3 Training 2.1.4 ICS CYP coproduced toolkit-key findings to be presented at Place and toolkit launched May-June 2022. Discussion at Place re	Organisations to cascade updated pathway to their staff. Updated pathway on Tri-x. Critical Incident information to schools reviewed	
	provide appropriate postvorition support.	2.1.3 EPS to promote & deliver a suicide bereavement course for CYPS	recommendations to take forwards, June 2022.	and updated. Positive feedback from Children, young people and families.	

Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
		practitioners working across partner organisations. 2.1.4 PHS Lead working with SY colleagues and ICS Comms and Engagement to oversee the work by Chilypep through the ICS Suicide Bereavement Group.		Evidence of CYPS practitioners across partner organisations attending training and measured improvements in knowledge and confidence. ICS CYPS Toolkit launched, practitioners understand their role in supporting children, young people and families bereaved by suicide.	
2.2 To ensure that timely, coordinated and appropriate support is provided to adults bereaved and	 2.2.1 To continue to work with PH Leads and Commissioning Leads (RCCG) to provide a suicide listening service for adults living in SY and/or registered with a GP in SY. 2.2.2 To promote Amparo across Place organisations with a particular focus on funeral directors, libraries and Registrars. 	2.2.1 PHS Lead & RCCG working with SYP and PH Leads across SY. Working with suicide prevention colleagues from across the ICS.	2.2.1 Bimonthly contract and performance meetings held between RCCG, PH Leads and the Provider.	Adults bereaved or affected by suicide receiving appropriate support: Current provision reviewed on a regular basis and	

Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
affected by suicide.	2.2.3 To launch and promote a Survivors of Bereavement by Suicide Group (SOBS) in Rotherham.		2.2.1 Monthly reviews reported to Strategic Suicide Prevention and the MH & LD Transformation Groups. 2.2.2 Information circulated to Place Partners with a focus on key stakeholder groups by February 2022. 2.2.2 Group launched Jan 2022. Promotion of group through channels of communication across Place.	changes made where necessary. Positive feedback from people receiving support. SOBS peer group launched and families from Rotherham signposted to support. Reports of uptake to Strategic Suicide Prevention and the MH & LD Transformation Groups.	
2.3 Frontline staff in contact with families able to offer support and signposting.	Equip frontline staff to be able to offer appropriate support to families they have contact with: 2.2.1 Use briefing sessions/newsletters/internal training, Protected Learning Time Events/ Safeguarding Awareness	Representatives of the Suicide Prevention and Self Harm Group to take this action back to their organisation.	2.2.1 Scoping completed re opportunities to promote these services throughout the year by March 2022.	Adults bereaved or affected by suicide receiving appropriate support:	

Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
	workshops to promote Amparo and the importance of supporting people after suicide. 2.2.2 To work with the Provider to ensure that regular Zoom workshops raising awareness of the service, are available on a regular basis for frontline staff are available. 2.2.3 To promote Amparo and SOBS peer support groups on Place websites, Be the One, RotherHive and 2.2.4 Promote the Help is at Hand guide to all services so that workers can distribute this to families: https://supportaftersuicide.org.uk/support-guides/help-is-at-hand/	Working with Communication Leads from: RCCG, TFRT, RMBC, RDaSH, SYP Working with Amparo and SOBS.	2.2.1 Services promoted throughout the year at various workshops and training events. 2.2.2 Work with Provider at bimonthly contract and performance meetings Feb 2022. 2.2.3 Comms and Engagement Leads to provide reassurance that services are promoted on	Staff distributing the Help is at Hand guide. Staff aware of the Amparo service and SOBS peer support group and know how and when to refer people into this service.	

Aim 3. People who self-harm

Objectives	Actions	Who will lead?	By when?	What do we want	Progress to
				to see as a result?	date
3.1 Increasing	To roll out a series of awareness	L&D and PHS	Programme of	To reduce self-	
people's	raising courses for	RMBC working with	training from April	harm in within the	
knowledge,	parents/carers and frontline staff	Trainers from	2022	community	
skills and	on self-harm awareness	partner		amongst children,	
changing attitudes		organisations		young people and adults:	
towards		(RDASH, Early Help			
people who self-harm.		& Housing RMBC, VCS)		Qualitative and quantitative evaluations showing	
				an improvement in	
				knowledge and	
				confidence of	
				parents/carers and	
				frontline staff.	
3.2 NICE	3.2.1 To hold local workshops to	PHS Lead, MH	Workshops held	To reduce self-	
(National	promote the refreshed NICE	Adult	July 2022.	harm in within the	
Institute for	guidance expected June 2022.	Commissioning		community	
Health and		Lead, RCCG,	Benchmarking	amongst children,	
Care	3.2.2 Services to benchmark	Members of the	completed	young people and	
Excellence)	against new NICE guidance.	Strategic Suicide	September 2022.	adults:	
guidance		Prevention Group			
	3.2.3 Rotherham's response to		Production of new	Staff across the	
	the NICE guidance in the form		pathways/	system informed of	
	new pathways/local		guidance/action	the new NICE	
	guidance/action plans		plans in response to this- October 2022.	guidance.	

Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
				Individual services reflecting and making changes in line with new NICE guidance.	
3.2 To promote protective factors for children and young people.	To explore opportunities to introduce trauma-based work in schools so that they become trauma informed and mentally healthy places for all. To encourage schools to adopt the whole school approach, particularly Trailblazer schools.	RMBC C&YPS working with schools. RDaSH CAMHS RDaSH Trauma and Resilience Service.		Taking appropriate training for schools, communities and organisations	
3.3 To increase awareness amongst people living and working in Rotherham of the importance of having good mental health.	3.3.1 Promotion of Rotherham Five Ways to Wellbeing Campaign www.rotherham.gov.uk/health and RotherHive and in particular the Wellness Hive https://rotherhive.co.uk/wellness- hive/ to the general public through social media. 3.3.2 Referencing local campaigns and resources in prevention and early intervention and recovery pathways.	3.3.1 Comms and Engagement Leads 3.3.2 All partners of the Health and Wellbeing Board: RMBC, RCCG. TRFT, RDaSH, SYP and voluntary sector.	Ongoing but activity reported to SP & SH Group, Better Mental Health for All Group and MH & LD Transformation Group.	Improved emotional resilience amongst people living and working in Rotherham: A range of initiatives across the borough. Partners evidencing their actions on the activity record sheet. Evidence of pathways referring to early intervention and prevention,	

Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
				evidence-based self-care and helpful local resources.	
				Case studies illustrating impact campaign is having.	
				Evidence of campaign message being delivered to health and social care staff.	

Aim 4. Reducing suicides amongst high risk groups by reaching people where they live and work

Objectives	Actions	Who will lead?	By when?	What do we want to	Progress to date
4.4.	4440 : : :	4.4.4.5110		see as a result?	
4.1 To use the	4.1.1 Suicide	4.1.1 PHS will chair	4.1.1 Meetings take	Timely action taken to	
real time data to	Operational Group to	Operational Group,	place every 4-6	prevent suicide	
inform practice	continue to review all	memberships will	weeks. Reports given	contagion and ensure	
at a Place level	deaths by suspected suicide and deliver	include colleagues	to Strategic Suicide	that people affected	
	actions which will:	from CYPS, Adult Care, Adult	Prevention Group.	are supported. Preventative actions	
	address risk factors &	Safeguarding, Drug	4.1.2 Place event held	can be taken.	
	groups, prevent	and Alcohol Services,	by April/May 2022.	can be taken.	
	contagion, support	Housing, SYP, VCS,	by April/Way 2022.	Partners aware of	
	those affected.	TRFT and RDASH.	4.1.3 Ongoing for	findings of Suicide	
	those ancoled.	TRI T did REMOII.	internal training	Audit using this	
		4.1.2 PHS working	courses. Procurement	knowledge to inform	
	4.1.2 To present the	with RCCG to deliver	of external courses	practice both at	
	ICS Suicide Audit	a Place based	from April 2022.	provider and	
	report at a Place	learning event.		commissioning levels.	
	learning event.		4.1.4 Themes		
		4.1.3 PHS working	discussed at Strategic	Commissioned	
	4.1.3. To use real	with colleagues from	Suicide Prevention	services and	
	time data to inform	Learning and	Group and actions	pathways evidence	
	training.	Development to	agreed. Findings	links to suicide	
		ensure this	shared with groups	prevention actions.	
		information is used in	like Adult		
		training offers.	Safeguarding,		
			Domestic Abuse		
	4.1.4 To use real time	4.1.4 Members of the	Priority Group		
	data to update Top	Strategic Suicide			
	Tips for suicide	Prevention Group and			

Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
	prevention in primary care 4.1.4 To use real time data to inform local action plans, commissioning intentions and pathways on issues like: domestic abuse, drug and alcohol services and preventative work, debt and money management.	MH & LD Transformation Group 4.1.5 PHS working with RCCG and MH Lead within Primary Care to update Top Tips.	4.1.5 Top Tips for Suicide Prevention updated September 2022.		
	4.1.5 To continue to work with the Lead Coroner and Officers to audit suicides from 2020 using the same audit tool to assess any impact the pandemic may be having.				
4.2 To equip people living and working to Rotherham to understand	4.2.1 Continue to build on the success of the Be the One Campaign developing a year comms and	PHS, RMBC and RCCG/Place Comms Lead working with Place Comms and Engagement Group	Quarterly updates to Suicide Prevention and & SH Group and the MH & LD	A reduction in suicides amongst high risk groups:	

Objectives	Actions	Who will lead?	By when?	What do we want to	Progress to date
how to identify and support someone at risk of suicide.	engagement plan with a particular focus on: 4.2.2 Promoting the	and local venues like libraries.	Transformation Group.	see as a result? An increase in people understands of how to identify and support someone at risk of	
	Zero Suicide Alliance Training to the general public 4.2.3 Promoting the			Promotion and uptake of Zero Suicide Alliance online	
	Stay Alive App 4.2.4 Promotion of the			training.	
	grassroots support to help people at risk of suicide.				
4.3 to provide support for those who have attempted	Pilot a service to support those who have attempted suicide prevention	RMBC Commissioning, PHS, RCCG MH Lead Commissioner and	Pilot to commence Summer 2022.	A reduction in suicides amongst high-risk groups:	
suicide	service	people with lived experience		Building emotional resilience and increasing people's coping skills.	
4.4 To work towards a more restorative practice	To develop a just and learning culture in our organisations and move away from	All partner organisations represented on the Strategic Suicide	Ongoing	A reduction in suicides amongst high risk groups:	
practice	punitive/retribution dynamics when things go wrong	Prevention Group		Impact of HR processes on employee's wellbeing	

Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
				is considered more carefully.	
4.5 For partners of the H&WB to lead by good example ensuring that staff who are affected by suicide are offered appropriate support.	 4.5.1 All partner organisations to have procedures/policies in place outlining support for staff who are affected by suicide. 4.5.2 Promotion of Amparo Service to staff through staff briefings and Zoom workshops. 	4.5.1 Members of the Strategic Suicide Prevention Group to lead this, working with HR Officers. (RMBC, SYP, RCCG, RDaSH, TRFT) 4.5.2 OD/HR within Health and Wellbeing Partner organisations	Evidence of policies/procedures in place by December 2022.	A reduction in suicides amongst high-risk groups: Sharing of good practice across partner organisations. Evidence of written policies/procedures. Evidence of briefing information given out to managers and staff on availability of support.	

Glossary

ONS- Office of National Statistics

PH- Public Health

PHS- Public Health Specialist

SOBS- Survivors Bereaved by Suicide

Progress Summary

Date of meeting	Actions Outstanding	Lead	Actioned By
		<i>y</i>	

Date of meeting	Actions Outstanding	Lead	Actioned By

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