# 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.

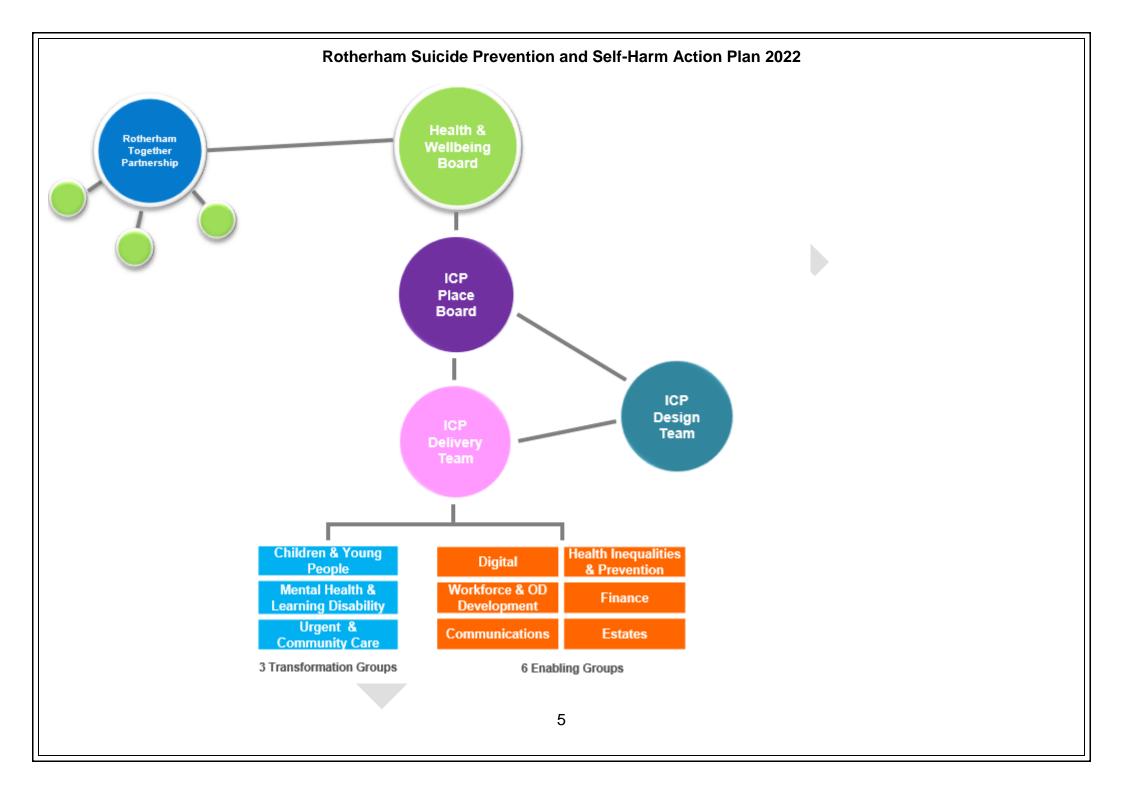
#### **Governance arrangements**

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

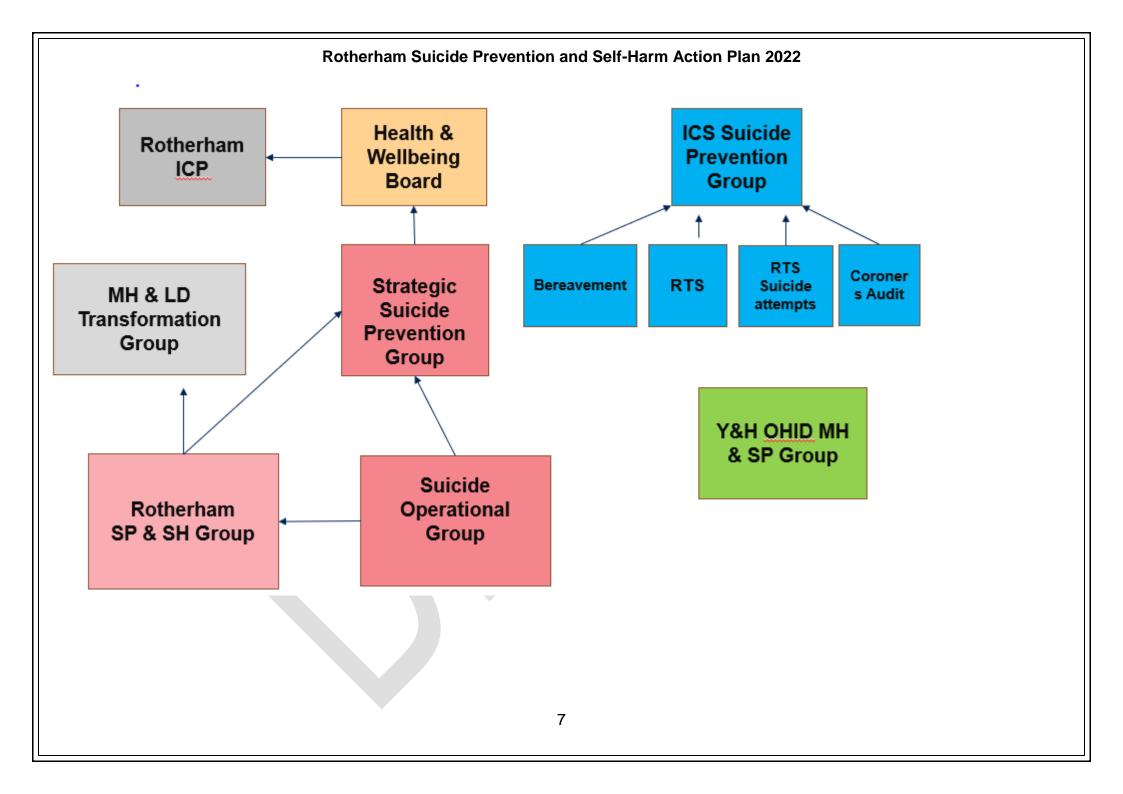
On the 12<sup>th</sup> October a second suicide prevention symposium was held in Rotherham with the following delegates invited to attend:

- 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

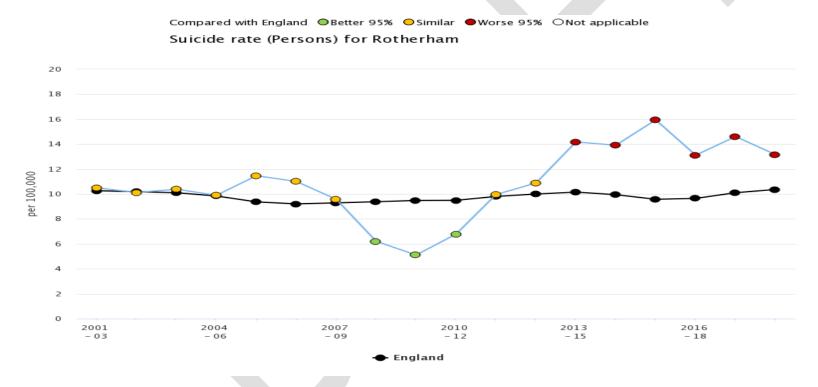
#### **Local picture**

#### **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 6<sup>th</sup> 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	<del>                                     </del>	10.1	15.8
Dudley	-	10	94	11.3	<del></del>	9.2	13.9
Stockton-on-Tees	-	7	57	11.0	<del></del>	8.4	14.3
Halton	-	9	36	10.8	<del></del>	7.6	15.0
St. Helens	-	2	51	10.8	<del></del>	8.0	14.2
Bolton	-	13	72	9.8	<del></del>	7.7	12.4
Telford and Wrekin	-	6	45	9.8	<del></del>	7.1	13.1
Rochdale	-	15	54	9.7	<del></del>	7.3	12.7
Walsall	-	12	68	9.5	<del></del>	7.4	12.0
Tameside	-	8	49	8.3	<del></del>	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

00000000000000000000

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



## WHAT DID WE FIND?

0000000000000000000

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**

00000000000000000000

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



## NO SUICDE

0000000000000000000

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?

00000000000000000000

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



#### **RED FLAGS?**

00000000000000000000

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?

00000000000000000000

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?

00000000000000000000

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

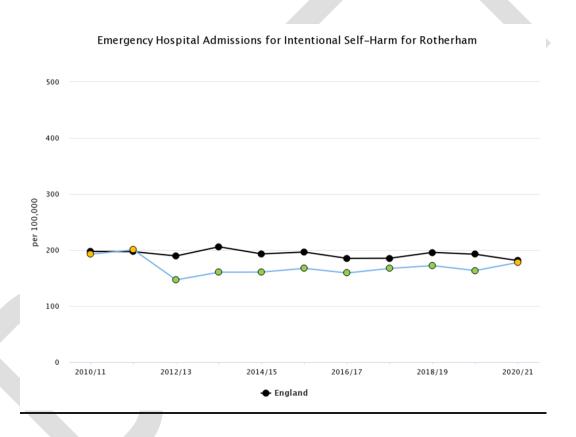
Directly standardised rate - per 100,000

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	<del></del>	215.4
Calderdale	-	370	179.9	<b>⊢</b> 161.9	199.3
Rotherham	→	450	178.0	<b>⊢</b> 161.9	195.3
Ryedale	<b>†</b>	85	173.3	137.4	215.4
York	+	400	172.4	155.4	190.8
Bradford	-	935	169.6	<b>H</b> 158.8	180.9
North Lincolnshire	⇒	270	168.5	<del></del>	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.	RDASH are mapping themselves against the 10 Steps to Improve safety. An update against the 10 steps was presented to the Trust Quality Committee in May 2023. as part of the Annual Mortality report  National confidential inquiry suicide and homicide (NCISH) Toolkit – Baseline Assessment was completed in June 2022 and is currently being updated. This will be presented at

Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
				See as a result.	the Mortality Surveillance group meeting in July 2023  There have been no in patient suicides in Rotherham mental health services during 2022/23
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.  1.2.3 Promotion of RotherHive to health and social careutilising the briefing pack.  1.2.4 Training programme for suicide	1.2.1. & 1.2.2 PHS, RMBC & RCCG/Place Comms and Engagement Leads working with Place leads.  1.2.4 PHS & Learning and Development, RMBC.  1.2.5 PHS, MH Lead Safer Neighbourhood Service	Prompt sheet launched March 2022.  Zero Suicide Alliance Training promoted via prompt sheet and through Be the One from April 2022.  Briefing sessions for health and social care staff on RotherHive March 2022 onwards.  Training programme launched April/May 2022.	A reduction in the number of suicides amongst people receiving mental health support:  Number of staff trained across the sectors.  Staff feeling more confident and knowledgeable.  Increasing number of visits to local websites	1.2.1 Place Prompt sheet has been promoted at Safeguarding training sessions, and specific training like sessions for Adult Care staff in March.  1.2.2 Zero Suicide Alliance training has been promoted to staff via newsletters, through

Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
	prevention and self- harm promoted during 2022 with a focus on VCS and primary care 1.2.5 Suicide Awareness session for		SYP training delivered July 2022.	Be the One and RotherHive website.	Safeguarding Awareness week, Making Every Contact Count training.  1.2.3 Suicide
	SYP Sergeants and Inspectors				Awareness sessions for Adult Care staff (March 2023) which included promotion of RotherHive and other wider support offers.
					Suicide prevention in Rotherham (RDASH staff, January 2023)
					1.2.4 309 frontline staff and volunteers across Place have attended suicide prevention, self- harm and mental

Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
					health awareness training in 22/23. PLTC for primary care on suicide prevention, delivered in March 2023.  1.2.5 The wider partnership training is offered to SYP and places taken. We are exploring options for bespoke training to tie in with postvention support offers.

## 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	Progress to date
2.1 To	2.1.1 To review with Partner	2.1.1 PHS	2.1.1 Review due	result? Children	244 May
					<b>2.1.1</b> May
provide	organisations, the Child Bereavement	working with	October 2022	bereaved or	2023 initial
support and	pathway, brief all organisations and	partners from	0400	affected by	meeting with
early	upload onto Tri-x.	RMBC C&YP	2.1.2 Review of	suicide	Partners to
intervention		services, SY	Critical Incident	receiving	look at
to children	2.1.2 To review offer of support to	Police and	information to	appropriate	changes.
and young	schools following a death by suicide of a	CAMHS.	schools and	support:	Further
people	parent/carer.		bereavement	Pathway	meeting with
bereaved by		2.1.2 The review	toolkit- Sept 2022.	renewed.	a Task and
suicide.	2.1.3 To rollout training to CYPS	will incorporate			Finish group
	practitioners working across the	any feedback from	2.1.3 Training	Organisations to	to amend the
	partnership re supporting children, young	families where this		cascade updated	document
	people and families bereaved by suicide.	is available.	2.1.4 ICS CYP	pathway to their	before it
			coproduced toolkit-	staff.	considered by
	2.1.4 To address the recommendations	2.1.2 Review of	key findings to be		the RSCP
	at Place from work conducted by	offer to schools	presented at Place	Updated pathway	Learning and
	Chilypep on a coproduced toolkit to	will be led by	and toolkit	on Tri-x.	Improvement
	support CYP and families bereaved by	Educational	launched May-June		subgroup.
		Psychology and	2022. Discussion at	Critical Incident	
		PH.	Place re	information to	<b>2.1.2</b> The
			recommendations	schools reviewed	Critical
		2.1.3 EPS to	to take forwards.	and updated.	Incident sheet
			,		is currently
		•		Positive feedback	under review
					and will then
					be sent to all
	support CYP and families bereaved by suicide and guide organisations to provide appropriate postvention support.	Psychology and	2022. Discussion at Place re	information to	2.1.2 The Critical Incident is current under read and will

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.		young people and families.  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.	schools this summer term.  2.1.3 Educational Psychology ran a session for schools through the Wellbeing Network Rotherham meeting on 23 <sup>rd</sup> March.  2.1.4 Walk with Us resource has been distributed to all schools in Rotherham, to Early Help and VCS. 2 training sessions were provided by Suicide Bereavement UK to

Objectives	Actions	Who will lead?	By when?	What do we want to see as a	Progress to date
2.2 To ensure that timely, coordinated and appropriate support is provided to adults bereaved and affected by suicide.	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.  2.2.3 To launch and promote a Survivors of Bereavement by Suicide Group (SOBS) in Rotherham.	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.  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	Adults bereaved or affected by suicide receiving appropriate support:  Current provision reviewed on a regular basis and changes made where necessary.  Positive feedback from people receiving support.  SOBS peer group launched and families from	practioners in Rotherham' 'Talking to children about suicide.'  2.2.1 Amparo commissioned until 2024, Senior Contract and Service Improvement Officer ICB Rotherham and ICB PH SY Leads hold quarterly meetings with Amparo to discuss performance.  2.2.2 Amparo Zoom sessions
			stakeholder groups by February 2022. 2.2.2 Group launched Jan 2022.	Rotherham signposted to support.	promoted to all SP & SH Group members to cascade

Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
			Promotion of group through channels of communication across Place.	Reports of uptake to Strategic Suicide Prevention and the MH & LD Transformation Groups.	round organisations. Amparo information shared with Senior Registrar and then shared with funeral directors. 2.2.3 Rotherham SOBS group launched, and numbers are increasing each month. SPBS groups have been promoted in suicide prevention training.
2.3 Frontline staff in	Equip frontline staff to be able to offer appropriate support to families they have	Representatives of the Suicide	2.2.1 Scoping completed re	Adults bereaved or affected by	2.2.1 Amparo
contact with families able	contact with:	Prevention and	opportunities to	suicide	produced an
to offer	2.2.1 Use briefing sessions/newsletters/	Self Harm Group to take this action	promote these services throughout	receiving appropriate	eight minute awareness
support and	internal training, Protected Learning Time	back to their	the year by March	support:	training video
signposting.	Events/ Safeguarding Awareness	organisation.	2022.		which was

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.  2.2.4 Promote the Help is at Hand guide to all services so that workers can distribute this to families: <a href="https://supportaftersuicide.org.uk/support-guides/help-is-at-hand/">https://supportaftersuicide.org.uk/support-guides/help-is-at-hand/</a>	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.	shown at the PLTC training in March. Amparo promoted during Safeguarding Awareness week in November 2022.  2.2.2 Amparo awareness sessions held on zoom, have been promoted with staff across Place. The latest quarterly (Jan-March) report shows a good uptake from Rotherham staff (71% of attendees

2.2.2 Work with the Provider to	Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
opportunitie for face to face awareness sessions.  2.2.3 Ampa promoted a Be the One and RotherHive Need to promote SOBS grou on both site Suicide Prevention support is promoted a Hub of Hop						were from Rotherham).  2.2.2 Working with the Provider to look at opportunities for face to face awareness sessions.  2.2.3 Amparo promoted on Be the One and RotherHive. Need to promote SOBS groups on both sites. Suicide Prevention support is promoted on Hub of Hope: Mental Health Support

Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
					provided by Chasing the Stigma   Hub of hope  2.2.4 Help is at Hand is promoted in training sessions.

## Aim 3. People who self-harm

Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
3.1 Increasing people's knowledge, skills and changing attitudes towards people who self-harm.	To roll out a series of awareness raising courses for parents/carers and frontline staff on self-harm awareness	L&D and PHS RMBC working with Trainers from partner organisations  (RDASH, Early Help & Housing RMBC, VCS)	Programme of training from April 2022	To reduce self-harm in within the community amongst children, young people and adults:  Qualitative and quantitative evaluations showing an improvement in knowledge and confidence of parents/carers and frontline staff.	Rotherham has 4 active self- harm trainers (Trained by Harmless) who deliver training sessions to staff and parents/carers
3.2 NICE (National Institute for Health and Care Excellence) guidance	<ul> <li>3.2.1 To hold local workshops to promote the refreshed NICE guidance expected June 2022.</li> <li>3.2.2 Services to benchmark against new NICE guidance.</li> <li>3.2.3 Rotherham's response to the NICE guidance in the form</li> </ul>	PHS Lead, MH Adult Commissioning Lead, RCCG, Members of the Strategic Suicide Prevention Group	Workshops held July 2022.  Benchmarking completed September 2022.  Production of new pathways/ guidance/action	To reduce self-harm in within the community amongst children, young people and adults:  Staff across the system informed of	No progress to date this action.  Focus group to revisit and explore future actions for self-harm work across the life course.

Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
	new pathways/local guidance/action plans		plans in response to this- October 2022.	the new NICE guidance. 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	3.2.1 Up to two staff so far from the following settings have been on TISUK's 11-day diploma course courtesy of the Virtual School: 10 primary 11 secondary 5 post-16/AP 5 special school. Staff trained will endeavour to cascade this knowledge and use traumainformed approaches in their setting. The EPS will provide ongoing

Objectives	Actions	Who will lead?	By when?	What do we want	Progress to
Objectives  3.3 To	3.3.1 Promotion of Rotherham	Who will lead?  3.3.1 Comms and	Ongoing but activity	What do we want to see as a result?	support and supervision to these practitioners.  3.2.2 WMiM have employed Rachel Evans as a Whole School Approach Coordinator  3.3.1
increase awareness amongst people living and working in Rotherham of the importance of having good mental health.	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.	Engagement Leads  3.3.2 All partners of the Health and Wellbeing Board: RMBC, RCCG. TRFT, RDaSH, SYP and voluntary sector.	reported to SP & SH Group, Better Mental Health for All Group and MH & LD Transformation Group.	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,	Campaigns promoted through training. New sections have been added to RotherHive for example pain management.  Five Ways to Wellbeing promoted through Making Every Contact Count training

Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
				evidence-based	3.3.2
				self-care and helpful	Campaigns
				local resources.	referenced in
					mental health
				Case studies	pathway work
				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
<b>,</b>			_ <b>,</b>	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	4.1.1 Operational
real time data to	Operational Group to	Operational Group,	place every 4-6	prevent suicide	Group meets
inform practice	continue to review all	memberships will	weeks. Reports given	contagion and ensure	bimonthly and is
at a Place level	deaths by suspected	include colleagues	to Strategic Suicide	that people affected	chaired by PHS
	suicide and deliver	from CYPS, Adult	Prevention Group.	are supported.	and Adult
	actions which will:	Care, Adult		Preventative actions	Safeguarding
	address risk factors &	Safeguarding, Drug	4.1.2 Place event held	can be taken.	Lead, RMBC.
	groups, prevent	and Alcohol Services,	by April/May 2022.		Cases are
	contagion, support	Housing, SYP, VCS,		Partners aware of	reviewed and
	those affected.	TRFT and RDASH.	4.1.3 Ongoing for	findings of Suicide	actions identified
			internal training	Audit using this	which look at
		4.1.2 PHS working	courses. Procurement	knowledge to inform	postvention
	4.1.2 To present the	with RCCG to deliver	of external courses	practice both at	support and
	ICS Suicide Audit	a Place based	from April 2022.	provider and	prevention and
	report at a Place	learning event.		commissioning levels.	early intervention
	learning event.	1.4-1.6	4.1.4 Themes		measures.
	–	4.1.3 PHS working	discussed at Strategic	Commissioned	
	4.1.3. To use real	with colleagues from	Suicide Prevention	services and	4.1.2 and 4.1.3
	time data to inform	Learning and	Group and actions	pathways evidence	ICS Suicide Audit
	training.	Development to	agreed. Findings	links to suicide	findings have
		ensure this	shared with groups	prevention actions.	been presented
		information is used in	like Adult		in training to
		training offers.	Safeguarding, Domestic Abuse		primary care,
	4.1.4 To use real time	111 Mombors of the			Adult Care and
	4.1.4 To use real time	4.1.4 Members of the	Priority Group		RDASH staff.
	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.  4.1.5 To continue to work with the Lead	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.	see as a result?	4.1.4 GP Top Tips is due a refresh and this will incorporate audit findings.  4.1.4 Learning event held in March 2023, with Domestic and Sexual Abuse Priority Group. actions for support offered to alleged perpetrators.  4.1.5 SY Audit completed and
4.2 To equip people living	Coroner and Officers to audit suicides from 2020 using the same audit tool to assess any impact the pandemic may be having.  4.2.1 Continue to build on the success	PHS, RMBC and RCCG/Place Comms	Quarterly updates to Suicide Prevention	A reduction in suicides amongst	shared with Partners.  Be the One relaunch in
and working to Rotherham to understand	of the Be the One Campaign developing a year comms and	Lead working with Place Comms and Engagement Group	and & SH Group and the MH & LD	high risk groups:	September 2022. Since that period there have been

Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	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 Zero Suicide Alliance Training to the general public  4.2.3 Promoting the Stay Alive App  4.2.4 Promotion of the grassroots support to help people at risk of suicide.	and local venues like libraries.	Transformation Group.	An increase in people understands of how to identify and support someone at risk of suicide.  Promotion and uptake of Zero Suicide Alliance online training.	communication posts through social media. Plans to build on this campaign throughout the year are yet to be actioned.  4.2.2 6 Zero Suicide Alliance training sessions held in libraries across Rotherham from November to May.  4.4.4 Local groups encouraged to enter contact details and information onto the Hub of Hope.
4.3 to provide support for those who have attempted suicide	Pilot a service to support those who have attempted suicide prevention service	RMBC Commissioning, PHS, RCCG MH Lead Commissioner and people with lived experience	Pilot to commence Summer 2022.	A reduction in suicides amongst high-risk groups:  Building emotional resilience and	Procurement for this service resulted in interest but no formal submissions.

Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
				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 punitive/retribution dynamics when things go wrong	All partner organisations represented on the Strategic Suicide Prevention Group	Ongoing	A reduction in suicides amongst high risk groups:  Impact of HR processes on employee's wellbeing is considered more carefully.	Learning events held: RMBC, RDASH. Amparo service utilised for supporting staff.
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.	<ul> <li>4.5.1 All partner organisations to have procedures/policies in place outlining support for staff who are affected by suicide.</li> <li>4.5.2 Promotion of Amparo Service to staff through staff briefings and Zoom workshops.</li> </ul>	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.	4.5.1 RMBC has produced guidance for Managers on supporting staff affected and bereaved by suicide. This has been shared with Partner organisations.  4.5.2 Amparo sessions have been promoted in various team meetings across Place and at events like

Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
					Safeguarding Awareness week in November 2022.

### **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

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

