

**Rotherham Suicide Prevention and Self Harm Action Plan
2024**

'Be the one to Talk, Listen and Care'

Introduction

In 2022, there were 5,642 suicides registered in England and Wales (10.7 deaths per 100,000 people); this is consistent with 2021 (5,583 deaths; 10.7 per 100,000).

- Around three-quarters of suicides registered in 2022 were males (4,179 deaths; 74.1%), equivalent to 16.4 deaths per 100,000.
- The rate for females was 5.4 deaths per 100,000 in 2022, consistent with rates between 2018 and 2021.
- Among females, the age-specific rate was highest in those aged 50 to 54 years (7.8 deaths per 100,000); in 2021 the highest rate was in those aged 45 to 49 (7.7 deaths per 100,000).
- Among males, the age-specific rate was highest in those aged 90 years or over (32.1 deaths per 100,000), followed by those aged 45 to 49 (23.0 deaths per 100,000).

[Office of National Statistics \(ONS\): Suicides in England and Wales: 2022 registrations](#)

'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.' ([Local suicide prevention planning: A practice resource, 2020](#))

Suicide is not inevitable. It is often the end point of a complex history of risk factors and distressing events; the prevention of suicide must address this complexity. Suicide prevention is everybody's responsibility and cannot be left to the remit of one agency/organisation.

National strategy

The first National Strategy was published in 2012. A new national strategy was launched in 2023 to build on this work, the aims are:

- reduce the suicide rate over the next 5 years – with initial reductions observed within half this time or sooner.
- continue to improve support for people who self-harm.
- continue to improve support for people who have been bereaved by suicide.

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The Strategy has the following priority areas:

- Improve data and evidence.
- Provide tailored and targeted support to priority groups.
- Address common risk factors.
- Promote online safety and responsible media content.
- Provide effective crisis support across sectors.
- Reduce access to means and methods.
- Provide effective bereavement support.
- Make suicide everybody's business.

The Strategy highlights the following priority groups:

- Children and young people
- Middle aged men
- People who have self-harmed
- People in contact with mental health services
- People in contact with the criminal justice system
- Autistic people
- Pregnant women and new mothers

The Office of Health Improvement and Disparities (OHID) will be refreshing local suicide prevention plan guidance to support the development of local plans in line with national priorities, including guidance on providing bespoke support to demographic groups and communities of concern. This should be complete by the end of 2024. Considering this and the late publication of the Office of National Statistics data, this action plan has been refreshed with a full update will be completed by the end of 2024.

The [DHSC Strategy](#) and [Action Plan](#) can be viewed here.

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

- Supporting children, young people and adults bereaved and affected by suicide.
- Clear comms messaging across South Yorkshire.
- ICB members leading by example in relation to best practice.
- Using information from the Real Time Surveillance System to develop specific actions which address vulnerable and at-risk groups and high-risk locations.
- Specific actions within settings like prisons.

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 implementing to prevent suicides from both the national strategy and PHE guidance. This plan will be updated at the end of 2024 when the Office of Health Improvement and Disparities has produced the framework for local implementation framework.

Governance arrangements

Rotherham takes suicide prevention seriously. The multi-agency Rotherham Suicide Prevention and Self Harm Group meets quarterly and is tasked to implement this plan.

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

- Andy Mans Club
- Cabinet Member for Adult Care, Housing and Public Health (Also Chair of the Health and Wellbeing Board)
- NHS South Yorkshire, ICB- Rotherham (SY ICB)
- RDaSH (mental health provider)
- Rotherham NHS Foundation Hospital Trust

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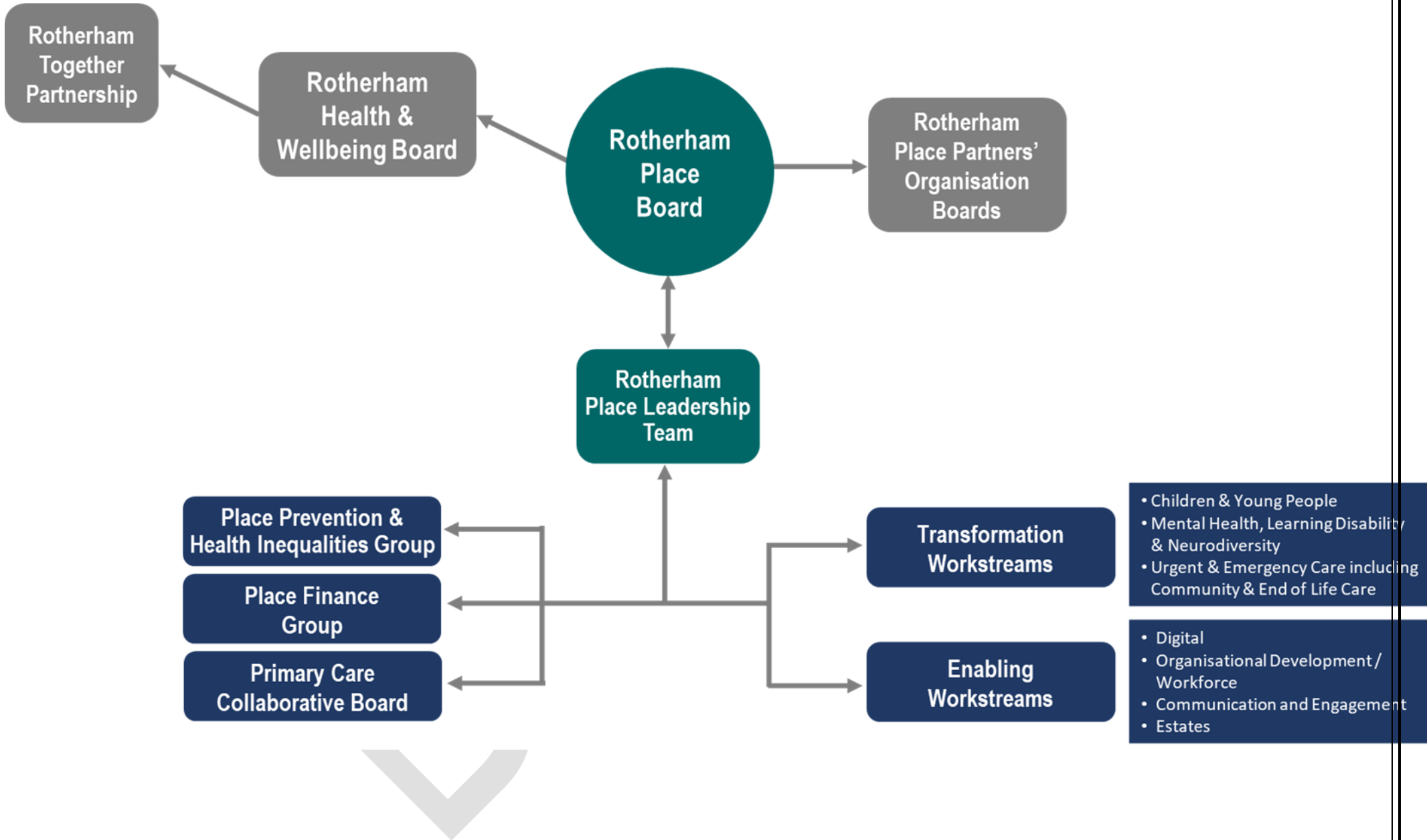
- RMBC- Adult Care, Housing and Public Health
- RMBC Children and Young People's Services
- RMBC Communications
- Rotherham MAST/Maltby Academy (Multi Agency Support Team) Strategic Leader
- Rotherham Samaritans
- Rotherham United Community Trust (RUCT).
- South Yorkshire Police
- We are With You, Rotherham Drug & Alcohol Service

The Suicide Prevention Operational Group meets every six weeks to review real time data chaired by Public Health Specialist- Lead for Suicide Prevention and Head of Service – Safeguarding and Mental Health, Adult Social Care. Members of this group include NHS, SYP, Drug and Alcohol Services, Adult Care, Children and Young People's services and domestic abuse services.

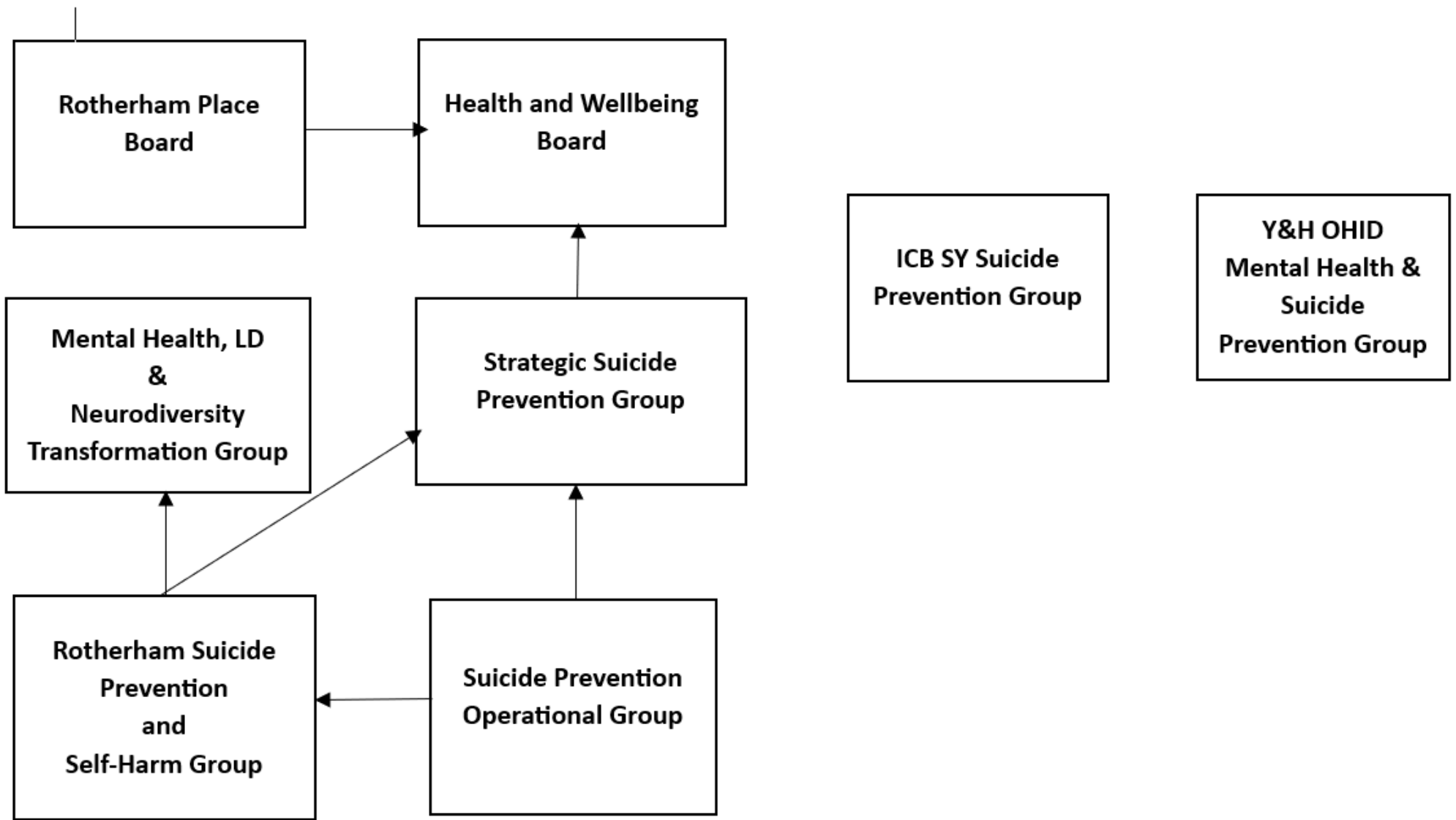
There is a Strategic Suicide Prevention Group, chaired by Director of Public Health, which ensures that prompt action is taken in response to real time data and the resourcing of necessary actions is available.

Progress against this action plan is reported monthly to the Rotherham Mental Health, Learning Disability and Neurodiversity 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 Mental Health, Learning Disability and Neurodiversity 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.

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National Picture

In 2022, 5,642 suicides were registered in England and Wales, equivalent to an age-standardised mortality rate (ASMR) of 10.7 deaths per 100,000 people. This rate remains the same as 2021. Suicide rates decreased in 2020 and increased in 2021, likely because of both [decreases in male suicides at the start of the coronavirus \(COVID-19\) pandemic](#) and delays in death registrations because of the pandemic.

Males continued to account for three-quarters of suicide deaths registered in 2022 (4,179 male deaths; 1,463 female deaths), a trend seen since the mid-1990s.

In 2022, the suicide rates for males (16.4 deaths per 100,000) and females (5.4 per 100,000) were consistent with rates between 2018 and 2021.

[\(Office for National Statistics: Suicides in England and Wales: 2022 registrations\)](#)

Regional Picture

By English region, the North East, North West, Yorkshire and The Humber, and the South West regions had higher rates compared with the overall England and Wales rate. The highest rate was in the North East (12.8 deaths per 100,000 people), although this decreased compared with 2021 (14.2 deaths per 100,000 people). The lowest rate in 2022 was in London (7.0 deaths per 100,000 people), which was statistically lower than any English region.

South Yorkshire

Suicide rate per 100,000 2020-2022	Barnsley	Doncaster	Sheffield	Rotherham
Person	15.4 (14.9 in 2019-2021)	14.7 (15.1 in 2019-2021)	10.0 (11.5 in 2019-2021)	12.4 (13.1 in 2019-2021)

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Male	24.5 (24.2 in 2019-2021)	20.4 (21.6 in 2019-2021)	14.7 (18 in 2019-2021)	16.5 (18.1 in 2019-2021)
Female	6.8 (6.0 in 2019-2021)	9.0 (8.7 in 2019-2021)	5.4 (5.3 in 2019-2021)	8.5 (8.4 in 2019-2021)

Local picture- Rotherham Data

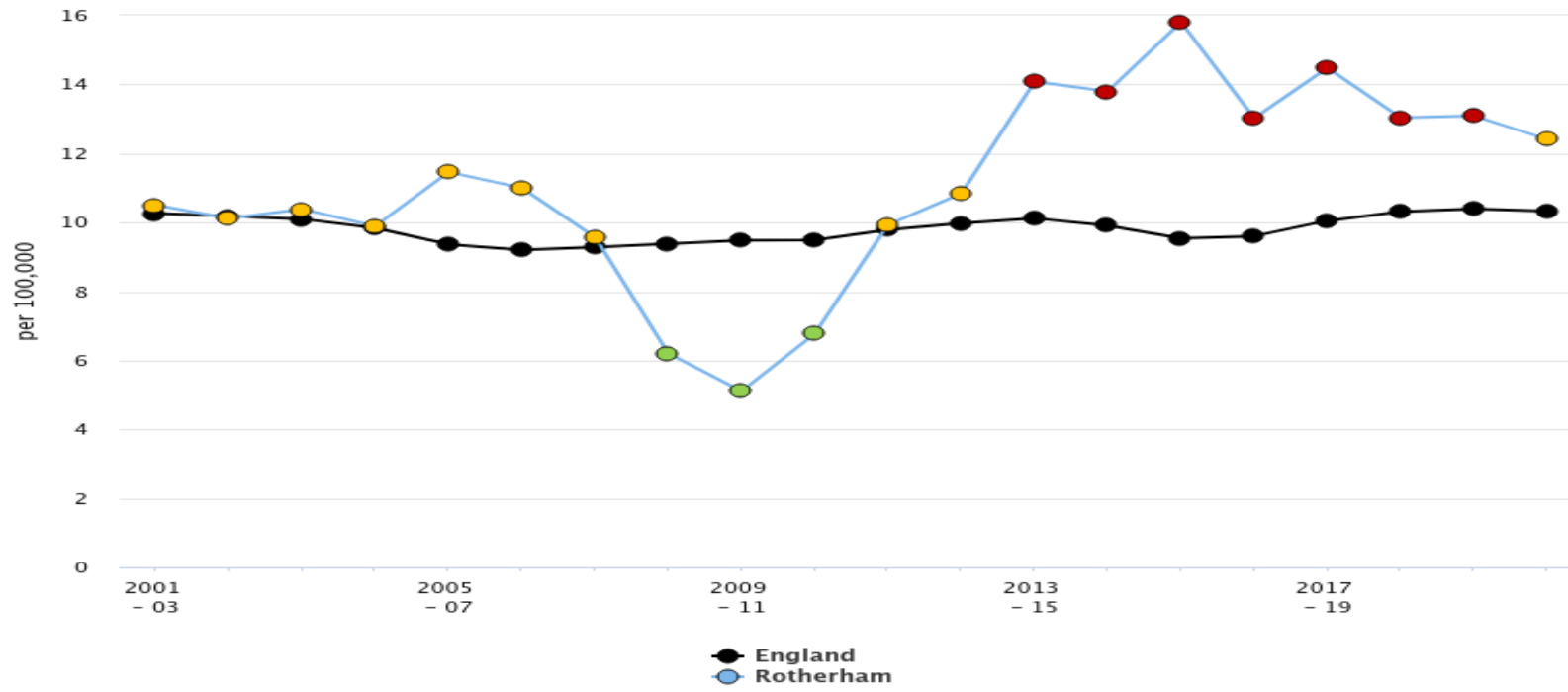
➤ **Suicide Rate Persons**

The latest suicide data shows that Rotherham has seen a small decrease in suicides from 13.1 in 2019-2021 per 100 000 to 12.4 in 2020-2022, which is now statistically similar to the average for England at 10.3 per 100,000.

Rotherham ranks 6th compared to CIPFA Nearest Neighbour local authorities.

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Suicide rate (Persons) for Rotherham



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Suicide rate (Persons) New data 2020 - 22

Directly standardised rate - per 100,000

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	-	15,415	10.3	10.2	10.5
Yorkshire and the Humber region	-	1,731	12.1	11.5	12.6
Calderdale	-	90	16.7	13.4	20.5
Wakefield	-	149	15.8	13.2	18.3
Barnsley	-	99	15.4	12.5	18.8
Doncaster	-	118	14.7	12.0	17.3
York	-	69	12.9	10.0	16.3
Rotherham	-	86	12.4	9.9	15.3
Kirklees	-	134	11.9	9.9	14.0
Leeds	-	251	11.9	10.4	13.4
Kingston upon Hull	-	84	11.8	9.4	14.7
East Riding of Yorkshire	-	105	11.4	9.2	13.7
North Yorkshire UA	-	186	11.4*	9.7	13.0
Bradford	-	142	10.4	8.7	12.1
Sheffield	-	148	10.0	8.3	11.6
North Lincolnshire	-	38	8.7	6.1	11.9
North East Lincolnshire	-	32	8.0	5.4	11.3

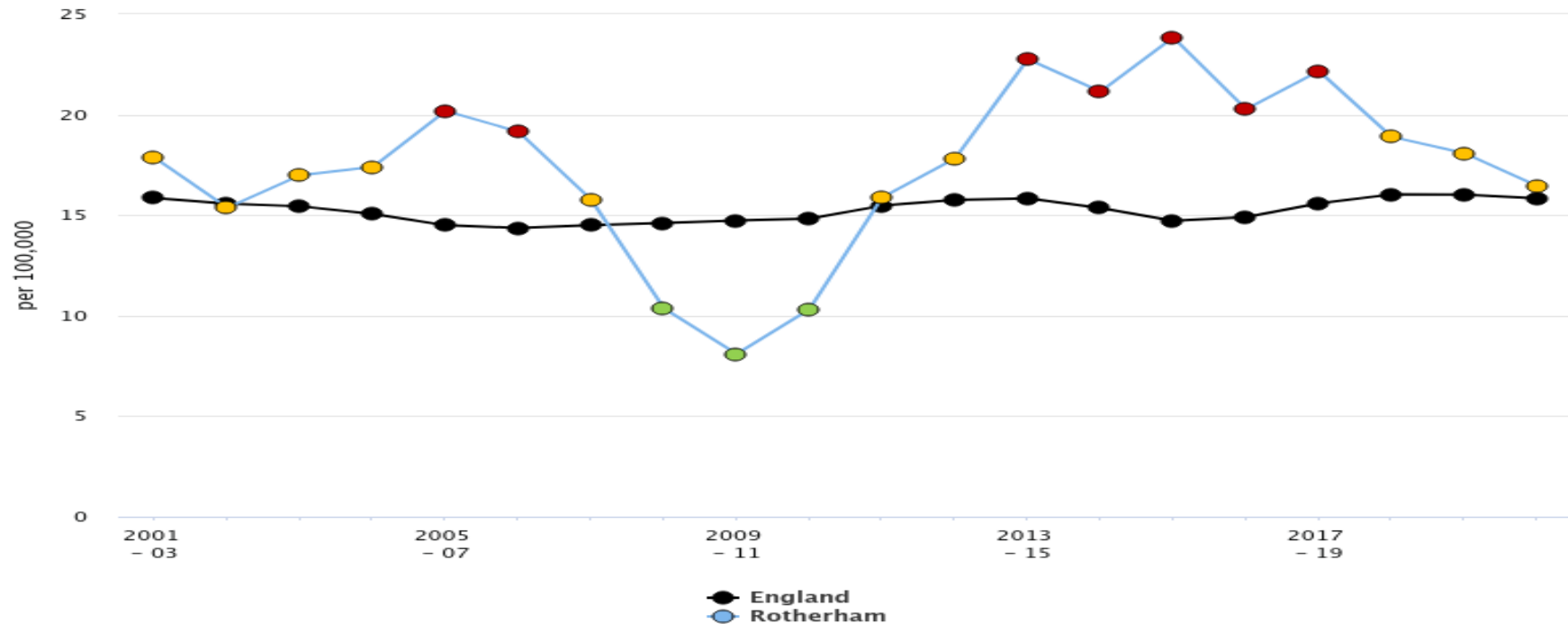


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➤ Gender

Males still account for most of the deaths to suicide in Rotherham. However, the rate has dropped in the period 2020-2021 to 16.5 per 100,000 compared to 15.8 for England and 18.3 for Yorkshire and Humber as a region. Rotherham's rate for male deaths is statically similar to the average for England.

Suicide rate (Male) for Rotherham



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Rotherham ranks 12th for male deaths to suicide in the Yorkshire and Humber region in the period 2020-2022.

Suicide rate (Male) New data 2020 - 22

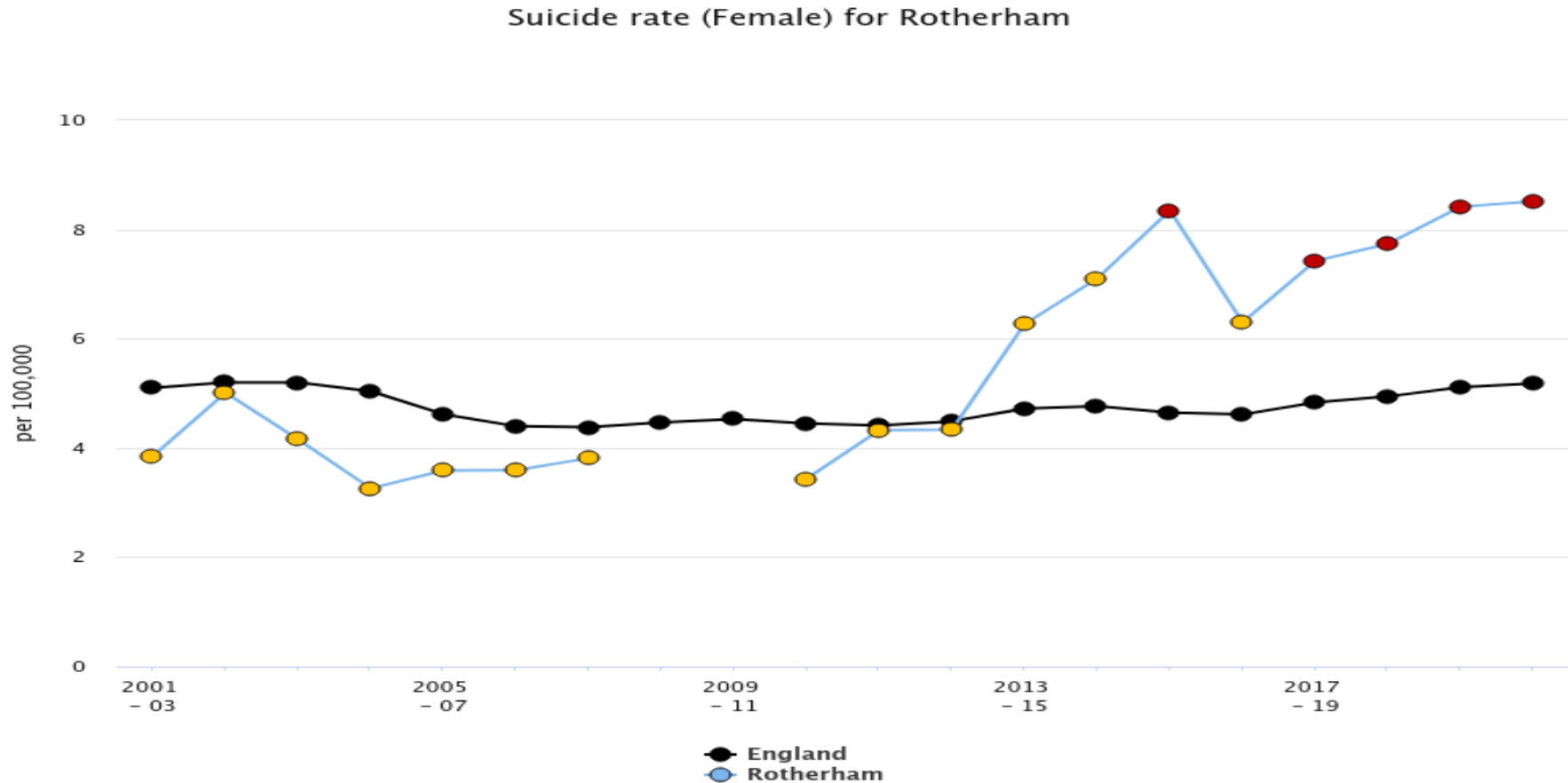
Directly standardised rate - per 100,000

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	-	11,443	15.8	15.5	16.1
Yorkshire and the Humber region	-	1,280	18.3	17.3	19.3
Calderdale	-	76	29.0	22.9	36.4
Barnsley	-	76	24.5	19.3	30.8
Wakefield	-	107	23.1	18.7	27.5
Doncaster	-	82	20.4	16.2	25.4
York	-	51	19.6	14.6	25.9
Kirklees	-	105	19.1	15.5	22.8
North Yorkshire UA	-	146	18.5*	15.5	21.6
Kingston upon Hull	-	65	18.3	14.1	23.4
East Riding of Yorkshire	-	77	17.4	13.6	21.8
Leeds	-	171	16.5	14.0	19.0
Bradford	-	109	16.5	13.3	19.6
Rotherham	-	56	16.5	12.4	21.4
Sheffield	-	106	14.7	11.9	17.6
North Lincolnshire	-	30	14.1	9.5	20.1
North East Lincolnshire	-	23	12.0	7.5	18.0

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➤ Female deaths

Female deaths in Rotherham, whilst still lower than males have been significantly worse than the national average for England since 2017-2019. The rate in 2020-2022 is now 8.5 per 100,000, compared to 5.2 for England and 6.1 for Yorkshire and Humber.



Rotherham ranks 3rd for female deaths in the Yorkshire and Humber region in the period 2020-2022.

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Better 95%
Similar
Worse 95%
Not compared

Recent trends:
 — Could not be calculated
→ No significant change
↑ Increasing & getting worse
↑ Increasing & getting better
↓ Decreasing & getting worse
↓ Decreasing & getting better

Suicide rate (Female) New data 2020 - 22

Directly standardised rate - per 100,000

Area	Recent Trend	Count	Value		95% Lower CI	95% Upper CI
England	—	3,972	5.2		5.0	5.3
Yorkshire and the Humber region	—	451	6.1		5.6	6.7
Doncaster	—	36	9.0		6.3	12.5
Wakefield	—	42	8.8		6.3	11.9
Rotherham	—	30	8.5		5.7	12.2
Leeds	—	80	7.5		6.0	9.4
Barnsley	—	23	6.8		4.3	10.3
York	—	18	6.4		3.7	10.2
East Riding of Yorkshire	—	28	5.9		3.8	8.7
Kingston upon Hull	—	19	5.5		3.3	8.6
Sheffield	—	42	5.4		3.9	7.3
Kirklees	—	29	5.1		3.4	7.2
Calderdale	—	14	5.0		2.8	8.5
Bradford	—	33	4.6		3.1	6.4
North Yorkshire UA	—	40	4.5*		3.2	6.2
North East Lincolnshire	—	9	*		-	-
North Lincolnshire	—	8	*		-	-

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The following shows the rates across all Local Authority areas in the Yorkshire and Humber region and compares them to the national average for the period 2020-2022. The second diagram compares Rotherham for All Person Suicides to statistically similar Local Authorities:

Indicator	Period	England	Yorkshire and the Humber region	Barnsley	Bradford	Calderdale	Doncaster	East Riding of Yorkshire	Kingston upon Hull	Kirklees	Leeds	North East Lincolnshire	North Lincolnshire	North Yorkshire UA	Rotherham	Sheffield	Wakefield	York
Suicide rate (Persons) New data	2020 - 22	10.3	12.1	15.4	10.4	16.7	14.7	11.4	11.8	11.9	11.9	8.0	8.7	11.4*	12.4	10.0	15.8	12.9
Suicide rate (Male) New data	2020 - 22	15.8	18.3	24.5	16.5	29.0	20.4	17.4	18.3	19.1	16.5	12.0	14.1	18.5*	16.5	14.7	23.1	19.6
Suicide rate (Female) New data	2020 - 22	5.2	6.1	6.8	4.6	5.0	9.0	5.9	5.5	5.1	7.5	*	*	4.5*	8.5	5.4	8.8	6.4

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Suicide rate (Persons) New data 2020 - 22

Directly standardised rate - per 100,000

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	-	-	15,415	10.3	10.2	10.5
Neighbours average	-	-	-	-	-	-
Calderdale	-	8	90	16.7	13.4	20.5
Wakefield	-	2	149	15.8	13.2	18.3
Barnsley	-	4	99	15.4	12.5	18.8
St. Helens	-	3	73	15.2	11.9	19.1
Doncaster	-	1	118	14.7	12.0	17.3
Bury	-	15	70	14.0	10.9	17.7
Wigan	-	5	115	13.3	10.9	15.7
Rochdale	-	12	72	12.6	9.8	15.9
Rotherham	-	-	86	12.4	9.9	15.3
Telford and Wrekin	-	11	53	11.1	8.3	14.5
Walsall	-	9	74	10.3	8.1	12.9
Dudley	-	6	83	9.9	7.9	12.3
Halton	-	7	32	9.3	6.4	13.2
North Lincolnshire	-	10	38	8.7	6.1	11.9
Tameside	-	13	50	8.3	6.2	11.0
Oldham	-	14	51	8.3	6.2	10.9



SUICIDE AUDIT FINDINGS



AIMS



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



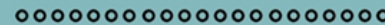
METHODS



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



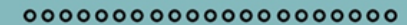
WHO & WHEN?



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



WHY?



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 DID WE FIND?



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.



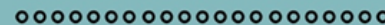
NO SUICIDE IS THE SAME



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.



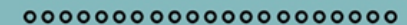
RED FLAGS?



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.



WHAT CAN BE DONE?



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.

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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.

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Self-harm- National, Regional Picture and Local Picture

Hospital 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.



Emergency Hospital Admissions for Intentional Self-Harm 2021/22

Directly standardised rate - per 100,000

Area	Recent Trend	Count	Value		95% Lower CI	95% Upper CI
England	-	93,895	163.9		162.8	164.9
Yorkshire and the Humber region	-	8,070	146.7		143.5	149.9
Barnsley	-	630	268.7		248.0	290.7
Wakefield	-	615	179.3		165.3	194.1
Kingston upon Hull	-	450	164.4		149.4	180.4
Calderdale	-	330	162.0		144.9	180.6
Doncaster	-	480	160.4		146.4	175.5
North Yorkshire UA	-	905	158.6*		148.4	169.5
York	-	340	155.3		138.9	173.1
Sheffield	-	825	143.3		133.5	153.5
Bradford	-	825	142.5		132.8	152.7
North East Lincolnshire	-	210	139.4		121.0	159.8
Rotherham	-	345	133.5		119.7	148.4
North Lincolnshire	-	215	133.0		115.6	152.3
Kirklees	-	535	122.8		112.6	133.7
Leeds	-	1,040	121.4		114.0	129.1
East Riding of Yorkshire	-	325	102.9		91.8	115.0



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Achievements in the 2022-2023 action plan

- [Be the One](#) campaign refresh in 2022.
- [Zero Suicide Alliance Training](#) has been promoted to all Health and Wellbeing Board Partners.
- A suicide prevention workshops were held during Safeguarding Awareness weeks in 2022 and 2023.
- Bespoke suicide prevention training has been delivered to Adult Care staff and SYP Sergeants.
- From January to March 2024, 12 training courses will have been delivered for frontline staff.
- Rotherham held a learning event on suicide prevention and domestic abuse in early 2023.
- [Walk with Us](#)- a toolkit for young people bereaved by suicide was launched in South Yorkshire in 2022. This was coproduced by young people with living experience working with Chilypep, a South Yorkshire young people empowerment project. It has been shared across the country and received recognition at the Local Government Chronicle Awards winner first prize in the Public/Public Partnership Award in June 2023. The resource was distributed to all Rotherham schools, child providers, Early Help and Voluntary and Community Groups.
- Refresh of the Sudden and Traumatic Bereavement Pathway for children and young people in 2023.
- [RotherHive](#), a resource for adults to access for information and advice on their mental health, has been expanded to cover other areas like pain management, keeping mentally well and mental health and life stages.
- Promotion of the Five Ways to Wellbeing messages to help people to adopt ways to look after their mental wellbeing.
- Alongside Rotherham Suicide Prevention, a review of adult social care mental health has identified ways to strengthen the crisis pathway and discharge from acute care through intervention to meet unmet social care needs. This will improve the prevention and recovery offer for people with mental-ill health.
- [Amparo](#), the SY service for those bereaved, affected and exposed to suicide has been promoted in Rotherham and staff across Place have attended awareness sessions.
- Three Memorial events for people bereaved by suicide have been held for people living in SY, 2021, 2022 and 2023. Rotherham has hosted all three Memorials.

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Helpful resources on suicide prevention

[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

Rotherham Suicide Prevention and Self-Harm Action Plan 2024

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
<p>1.1 To have a whole system approach to suicide prevention within acute and community mental health services. RDASH to update</p>	<p>To implement Rotherham Doncaster and South Humber NHS Foundation Trust</p> <p style="text-align: center;">KEEPING SAFE KEEPING WELL</p> <p style="text-align: center;">Suicide Prevention Action Plan 2019 – 2021</p> <p>This action plan is being updated and the plan will continue to be implemented.</p>	RDaSH	Action Plan will be reviewed annually through the Mortality Surveillance Group chaired by the Executive Medical Director.	<p>A reduction in the number of suicides amongst people receiving mental health support:</p> <ul style="list-style-type: none"> Plan focusses on zero suicide for inpatients. Part of a Place based ambition to of a 10% reduction. 	
<p>1.2 Staff across the health, SYP, VCS, and social care system are equipped to identify and support people at risk of suicide.</p>	<p>1.2.1 Refresh and promotion of the Place guidance sheet to enable staff to deal with suicidal ideation.</p> <p>1.2.2 Promotion and adoption of the Zero Suicide Alliance Training.</p> <p>1.2.3 Promotion of RotherHive, Be the One,</p>	<p>1.2.1. & 1.2.2 PHS, RMBC & RDASH to update the guidance sheet.</p> <p>Place Comms and Engagement and Safeguarding leads across Place to promote.</p> <p>1.2.3 PH staff through MECC training. SY ICB Rotherham- MH</p>	<p>Guidance sheet refreshed and updated March 2024.</p> <p>Zero Suicide Alliance Training promoted via guidance sheet and through Be the One from April 2024.</p> <p>Briefing sessions for health and social care</p>	<p>A reduction in the number of suicides amongst people receiving mental health support:</p> <p>Number of staff trained across the sectors.</p> <p>Staff feeling more confident and knowledgeable.</p>	

Rotherham Suicide Prevention and Self-Harm Action Plan 2024

Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
	<p>Hub of Hope, Amparo, to health and social care.</p> <p>1.2.4 Training programme for suicide prevention and self-harm promoted during 2024/25 with a focus on VCS and primary care.</p> <p>1.2.5 Bespoke training sessions for HWB Partners utilising themes from real time data. (SYP, primary Care, Social Care Staff).</p>	<p>Commissioning. Safe guarding leads and Safeguarding Champions/</p> <p>1.2.4 PHS & Learning and Development, RMBC.</p> <p>1.2.5 PHS, MH Lead Safer Neighbourhood Service, Head of Service – Safeguarding and Mental Health Adult Social Care (RMBC)</p>	<p>staff on RotherHive March 2024 onwards.</p> <p>Training programme launched July 2024.</p>	<p>Increasing number of visits to local websites Be the One and RotherHive website.</p>	

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Aim 2. To maintain 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
<p>2.1 To provide support and early intervention to children and young people bereaved by suicide.</p>	<p>2.1.1 To review with Partner organisations, the Child Bereavement pathway, brief all organisations and upload onto Tri-x.</p> <p>2.1.2 To continue to offer support to schools following a death by suicide and to review the effectiveness of this offer.</p> <p>2.1.3 To offer training to schools and CYPS practitioners working across the partnership re supporting children, young people and families bereaved by suicide.</p> <p>2.1.4 Amparo to work with CYP services and organisations across HWB Partners to promote the offer of support for children and young people.</p> <p>2.1.5 To continue to address the recommendations at Place from work conducted by Chilypep on the coproduced toolkit 'Walk with Us', to support CYP and families bereaved by suicide and guide organisations to provide appropriate postvention support.</p>	<p>2.1.1 PHS collaborating with partners from RMBC C&YP services, SY Police and CAMHS.</p> <p>2.1.2 EPS will contact schools to offer support and help coordinate a response.</p> <p>2.1.2 Review of offer to schools will be led by EPS and PH. The review will incorporate any feedback from families where this is available.</p> <p>2.1.3 EPS to promote & deliver a suicide bereavement course for CYPS practitioners working across</p>	<p>2.1.1 Review due July 2024.</p> <p>2.1.2 Review of Critical Incident information for schools and settings Sept 2024.</p> <p>2.1.3 Training available upon request from EPS.</p> <p>2.1.4 Amparo to commence delivery of sessions from April 2024.</p>	<p>Children bereaved or affected by suicide receiving appropriate support:</p> <p>Pathway renewed.</p> <p>Organisations to cascade updated pathway to their staff.</p> <p>Updated pathway on Tri-x.</p> <p>Critical Incident information to schools reviewed and updated.</p> <p>Positive feedback from Children, young people, and families.</p> <p>Evidence of CYPS practitioners across partner organisations attending training and measured</p>	

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Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
		partner organisations. 2.1.4 Amparo to work with services from April 2024. 2.1.5 PHS Lead working with SY colleagues in the ICB Suicide Bereavement Task Group and ICB Comms and Engagement.		improvements in knowledge and confidence. ICS CYPS Toolkit promoted, practitioners understand their role in supporting children, young people and families bereaved by suicide. Referrals to appropriate services.	
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 (SY ICB Rotherham) to contract manage the suicide listening service, Amparo, for adults (CYP from April 2024) 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 promote a Survivors of Bereavement by Suicide Group (SOBS) in Rotherham. 2.2.4 To work with SYP - Suicide Prevention Project Support Officer.	2.2.1 PHS Lead & SY ICB Rotherham MH Commissioning Lead, working with SYP and PH Leads across SY. Working with suicide prevention colleagues from across the ICS.	2.2.1 2.2.1 Bimonthly contract and performance meetings held between SY ICB Rotherham, PH Leads and the Amparo. 2.2.1 Monthly reviews reported to Strategic Suicide Prevention and the Mental Health, Learning Disability and Neurodiversity Transformation Group.	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 Rotherham	

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Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
			<p>2.2.2 Information circulated to Place Partners with a focus on key stakeholder groups April 2024.</p> <p>2.2.2. Promotion of group through channels of communication across Place.</p>	<p>signposted to support.</p> <p>Reports of uptake to Strategic Suicide Prevention and the Mental Health, Learning Disability and Neurodiversity Transformation Group.</p>	
<p>2.3 Frontline staff in contact with families able to offer support and signposting.</p>	<p>Equip frontline staff to be able to offer appropriate support to families they have contact with:</p> <p>2.2.1 Use briefing sessions/newsletters/ internal training, Protected Learning Time Events/ Safeguarding Awareness workshops to promote Amparo and the importance of supporting people after suicide.</p> <p>2.2.2 To collaborate 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.</p> <p>2.2.3 To promote Amparo and SOBS peer support groups on Place websites, Be the One, RotherHive.</p>	<p>Representatives of the Suicide Prevention and Self Harm Group to take this action back to their organisation.</p> <p>Working with Communication Leads from: SY ICB ROTHERHAM, TFRT, RMBC, RDaSH, SYP</p> <p>Collaborating with Amparo and SOBS.</p>	<p>2.2.1 Evidence and reports to SP & SH Group.</p> <p>2.2.1 Services promoted throughout the year at various workshops and training events.</p> <p>2.2.2 Work with Provider at bimonthly contract and performance meetings commencing April 2024.</p> <p>2.2.3 Comms and Engagement Leads</p>	<p>Adults bereaved or affected by suicide receiving appropriate support:</p> <p>Staff distributing the Help is at Hand guide.</p> <p>Staff aware of the Amparo service and SOBS peer support group and know how and when to refer people into this service.</p>	

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Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
	<p>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/</p>		to provide reassurance that services are promoted on		
<p>2.4 For partners of the H&WB to lead by good example ensuring that staff who are affected by suicide are offered appropriate support.</p>	<p>2.4.1 All partner organisations to have procedures/policies in place outlining support for staff who are affected by suicide.</p> <p>2.4.2 Promotion of Amparo Service to staff through staff briefings and Zoom workshops.</p>	<p>2.4.1 Members of the Strategic Suicide Prevention Group to lead this, working with HR Officers. (RMBC, SYP, ICB SY Rotherham, RDaSH, TRFT).</p> <p>2.4.2 OD/HR within Health and Wellbeing Partner organisations.</p>	<p>Evidence of policies/procedures in place by December 2024.</p>	<p>A reduction in suicides amongst high-risk groups:</p> <p>Sharing of good practice across partner organisations.</p> <p>Evidence of written policies/procedures.</p> <p>Evidence of briefing information given out to managers and staff on availability of support.</p>	

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Aim 3. To promote protective factors and good mental health for all

Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
3.1 To promote protective factors for children and young people.	To explore opportunities to introduce trauma-based work in all schools so that they become trauma informed and mentally healthy places for all.	RMBC C&YPS collaborating with schools. RDaSH CAMHS RDaSH Trauma and Resilience Service.		Taking appropriate training for schools, communities, and organisations	
3.2 To increase awareness amongst people living and working in Rotherham of the importance of having good mental health.	<p>3.2.1 Promotion of Rotherham Five Ways to Wellbeing Campaign www.rotherham.gov.uk/health and RotherHive and the Wellness Hive https://rotherhive.co.uk/wellness-hive/ to the public through social media.</p> <p>3.2.2 Referencing local campaigns and resources in prevention and early intervention and recovery pathways.</p>	<p>3.2.1 Comms and Engagement Leads</p> <p>3.2.2 All partners of the Health and Wellbeing Board: RMBC, SY ICB ROTHERHAM. TRFT, RDaSH, SYP and voluntary sector.</p>	Ongoing but activity reported to SP & SH Group, Better Mental Health for All Group and Mental Health, Learning Disability and Neurodiversity Transformation Group.	<p>Improved emotional resilience amongst people living and working in Rotherham:</p> <p>A range of initiatives across the borough. Partners evidencing their actions on the activity record sheet.</p> <p>Evidence of pathways referring to early intervention and prevention, evidence-based self-care, and helpful local resources.</p>	

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Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
				<p>Case studies illustrating impact campaign is having.</p> <p>Evidence of campaign message being delivered to health and social care staff.</p>	
<p>3.3 To promote connectedness across the life course.</p>	<p>3.3.1 Focus groups held with vulnerable and at-risk communities re loneliness and mental wellbeing, and what helps.</p> <p>3.3.2 Roll out of Making Every Contact Count (MECC) and loneliness and mental health training</p> <p>3.3.3 Partners of HWB to implement actions within the Rotherham Loneliness Action Plan, 2023-2025.</p>	<p>PHS working with VCS partners</p> <p>Public Health and VAR for MECC mental Health. PH for MECC and loneliness.</p> <p>Ongoing, progress reported to Health and Wellbeing Board annually.</p>	<p>May 2024, report complete.</p> <p>Commencing February for Loneliness training and April for Mental Health training.</p>	<p>Joint Strategic Needs assessment chapter to incorporate findings.</p> <p>Finding incorporated into MECC training.</p> <p>Visibility of these community groups and their needs with Providers, signposting to opportunities to connect.</p> <p>Received loneliness and isolation.</p>	

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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 see as a result?	Progress to date
<p>4.1 To use the real time data to inform practice at a Place level</p>	<p>4.1.1 Suicide Operational Group to continue to review all deaths by suspected suicide and deliver actions which will: address risk factors & groups, prevent contagion, support those affected.</p> <p>4.1.2 To present the real time data at bespoke training sessions for staff, using case studies to generate discussions on actions.</p> <p>4.1.3 To use real time data to update Top Tips for suicide prevention in primary care and other frontline settings.</p>	<p>4.1.1 PHS and Head of Service – Safeguarding and Mental Health, Adult Social Care, will chair Operational Group, memberships will include colleagues from CYPS, Adult Care, Adult Safeguarding, Drug and Alcohol Services, Housing, SYP, VCS, TRFT and RDASH.</p> <p>4.1.2 PHS and Head of Service – Safeguarding and Mental Health Adult Social Care, to coordinate sessions with colleagues from Learning and Development and Operational Group Leads.</p>	<p>4.1.1 Meetings take place every 6 weeks. Reports given to Strategic Suicide Prevention Group.</p> <p>4.1.2 Bespoke sessions delivered through 2024/25. Procurement of external courses from April 2024.</p> <p>4.1.3 Top Tips for Suicide Prevention updated September 2024.</p> <p>4.1.4 Themes discussed at Strategic Suicide Prevention Group and actions agreed. Findings shared with groups like Adult Safeguarding, Domestic Abuse Priority Group</p>	<p>Timely action taken to prevent suicide contagion and ensure that people affected are supported. Preventative actions can be taken.</p> <p>Partners aware of findings of Real Time Surveillance Data, using this knowledge to inform practice both at provider and commissioning levels.</p> <p>Commissioned services and pathways evidence links to suicide prevention actions.</p>	

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Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
	<p>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.</p>	<p>4.1.3 PHS, Head of Service – Safeguarding and Mental Health Adult Social Care, RDASH Leads.</p> <p>4.1.4 Members of the Strategic Suicide Prevention Group and Mental Health, Learning Disability and Neurodiversity Transformation Group.</p>			
<p>4.2 To ensure there are robust processes in place to prevent suicide contagion and support all those affected.</p>	<p>4.2.1 Suicide Community Response Plan to be approved by Children and Adults Safeguarding Boards.</p> <p>4.2.2 To run a table top exercise with Partners on the Suicide Community Response Plan.</p> <p>4.2.3 Incorporate learning by exercise and promote plan.</p>	<p>4.2.1 PHS Lead working with Adult and Children’s Safeguarding Leads.</p> <p>4.2.2 PHS to work with OHID Lead to plan exercise. Exercise will be attended by members of the Adult and Children Safeguarding Boards and Child Death Overview Panel.</p> <p>4.2.3 PHS and Safeguarding Leads to look at additional</p>	<p>4.2.1 by Summer 2024.</p> <p>4.2.2 Exercise run by August/September 2024.</p> <p>4.2.3 Plan adapted to incorporate learning, September 2024.</p>	<p>Risk of suicide contagion reduced. People bereaved and affected by suicide supported.</p>	

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Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
		learning and amend plan.			
<p>4.3 To equip people living and working to understand how to identify and support someone at risk of suicide.</p>	<p>4.3.1 Continue to build on the success of the Be the One Campaign developing a year comms and engagement plan with a particular focus on:</p> <ul style="list-style-type: none"> - Promoting the Zero Suicide Alliance Training to the public. - Promotion of Amparo and Survivors of Bereavement by Suicide Group. - Promoting the Stay Alive App and hub of Hope - Promotion of the grassroots support to help people at risk of suicide. 	<p>PHS, RMBC and Place Comms Lead working with Place Comms and Engagement Group, Neighbourhood Colleagues and local venues like libraries and community centres. Including the voice of people with Living Experience.</p>	<p>Quarterly updates to Suicide Prevention and & SH Group and the Mental Health, Learning Disability and Neurodiversity Transformation Group</p>	<p>A reduction in suicides amongst high-risk groups:</p> <p>An increase in people understanding how to identify and support someone at risk of suicide.</p> <p>Promotion and uptake of Zero Suicide Alliance online training.</p> <p>Promotion and uptake of Amparo support.</p>	

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Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
<p>4.4 To provide support for those who have attempted suicide.</p>	<p>4.4.1 Pilot the service, 'Our Rotherham' to support people who have attempted suicide and have been assessed and referred by Crisis and Home Treatment Service.</p> <p>4.4.2 Regular performance and monitoring meetings between RMBC Public Health, the Provider and RDASH to review pathways, referrals, data collection, signposting.</p>	<p>4.4.1 RMBC Commissioning, PHS, RDASH and people with lived experience.</p>	<p>Pilot to commence February 2024.</p>	<p>A reduction in suicides amongst high-risk groups:</p> <p>Building emotional resilience and increasing people's coping skills.</p>	
<p>4.5 Increasing people's knowledge, skills and changing attitudes towards people who self-harm.</p>	<p>To roll out a series of awareness raising courses for parents/carers and frontline staff on self-harm awareness.</p> <p style="background-color: yellow;">RFB to check Early Help still offer these courses.</p>	<p>L&D and PHS RMBC collaborating with Trainers from partner organisations.</p> <p>(RDASH, Early Help & Housing RMBC, VCS)</p>	<p>Programme of training from September 2024</p>	<p>To reduce self-harm in within the community amongst children, young people, and adults:</p> <p>Qualitative and quantitative evaluations showing an improvement in knowledge and confidence of parents/carers and frontline staff.</p>	

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Objectives	Actions	Who will lead?	By when?	What do we want to see as a result?	Progress to date
4.6 NICE (National Institute for Health and Care Excellence) guidance	4.6.1 To hold local workshop to look at Rotherham’s response to self-harm, benched marked against NICE guidance. new (pathways/local guidance/action plans).	PHS Lead, MH Adult Commissioning Lead, ICB Rotherham, Members of the Strategic Suicide Prevention Group	Workshop held September 2024 Production of new pathways/ guidance/action plans in response to this- December 2024.	To reduce self-harm in within the community amongst children, young people, and adults: Staff across the system informed of the new NICE guidance. Individual services reflecting and making changes in line with new NICE guidance.	

Glossary

ICB SY Integrated Care Board, South Yorkshire
 MECC Making Every Contact Count
 ONS- Office of National Statistics
 PH- Public Health
 PHS- Public Health Specialist
 SOBS- Survivors Bereaved by Suicide
 SP & SH- Suicide Prevention and Self Harm Group

Progress Summary

Date of meeting	Actions Outstanding	Lead	Actioned By

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Amber	Almost achieving target
Green	Achieving Target On track
Blue	Complete

DRAFT