

# **Rotherham Suicide Prevention and Self Harm Action Plan 2025-2028**

***‘Be the one to Talk, Listen and Care’***

# Introduction

Suicide prevention is a collective responsibility. Whilst the numbers in recent years have been reducing, action needs to be taken by all Partners of the Health and Wellbeing Board, communities, and individuals to reduce the lives lost to suicide.

## **Suicide prevention strategy for England: 2023 to 2028**

In 2023, the Government launched the latest suicide prevention strategy. The overall ambitions set by this strategy are to:

- 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.

Using available data, evidence, and from speaking with experts (including people with living experience), the following priorities for action were identified:

- Improve data and evidence to ensure that effective, evidence-informed, and timely interventions continue to be adapted.
- Provide tailored, targeted support to priority groups, including those at higher risk. At a national level, this includes: children and young people, middle-aged men, people who have self-harmed, people in contact with mental health services, people in contact with the justice system, autistic people and pregnant women and new mothers.
- Address common risk factors linked to suicide at a population level by providing early intervention and tailored support. These are: physical illness, financial difficulty and economic adversity, gambling, alcohol and drug misuse, social isolation and loneliness and domestic abuse.
- Promote online safety and responsible media content to reduce harms, improve support and signposting, and provide helpful messages about suicide and self-harm.
- Provide effective crisis support across sectors for those who reach crisis point.
- Reduce access to means and methods of suicide where this is appropriate and necessary as an intervention to prevent suicides.
- Provide effective bereavement support to those affected by suicide.
- Make suicide everybody's business so that we can maximise our collective impact and support to prevent suicides.

## (Suicide prevention strategy for England: 2023 to 2028)

### **ICB South Yorkshire**

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:

- Using information from the Real Time Surveillance System to develop specific actions which address vulnerable and at-risk groups and high-risk locations.
- Suicide prevention and Inclusion Groups.
- Supporting children, young people and adults bereaved by suicide with a focus in 2025/26 on peer support for young people.
- Deaths at frequently used locations.
- South Yorkshire Coroners Audit 2025/26.

Locally suicide prevention is an area of focus within the Rotherham Place Plan and will support the delivery of Aim 3 within the Health and Wellbeing Board Strategy.

**Aim 3: Support the people of Rotherham to live in good and improving mental health throughout their lives, accessing and shaping the services and resources they need to be able to do so.**

This plan outlines the actions Rotherham Health and Wellbeing Boards Partners, and wider organisations are implementing to prevent suicides. These are aligned to the national suicide prevention strategy and are supported by real time suicide data for Rotherham, and feedback from partners and people with living experience.

### **Governance arrangements**

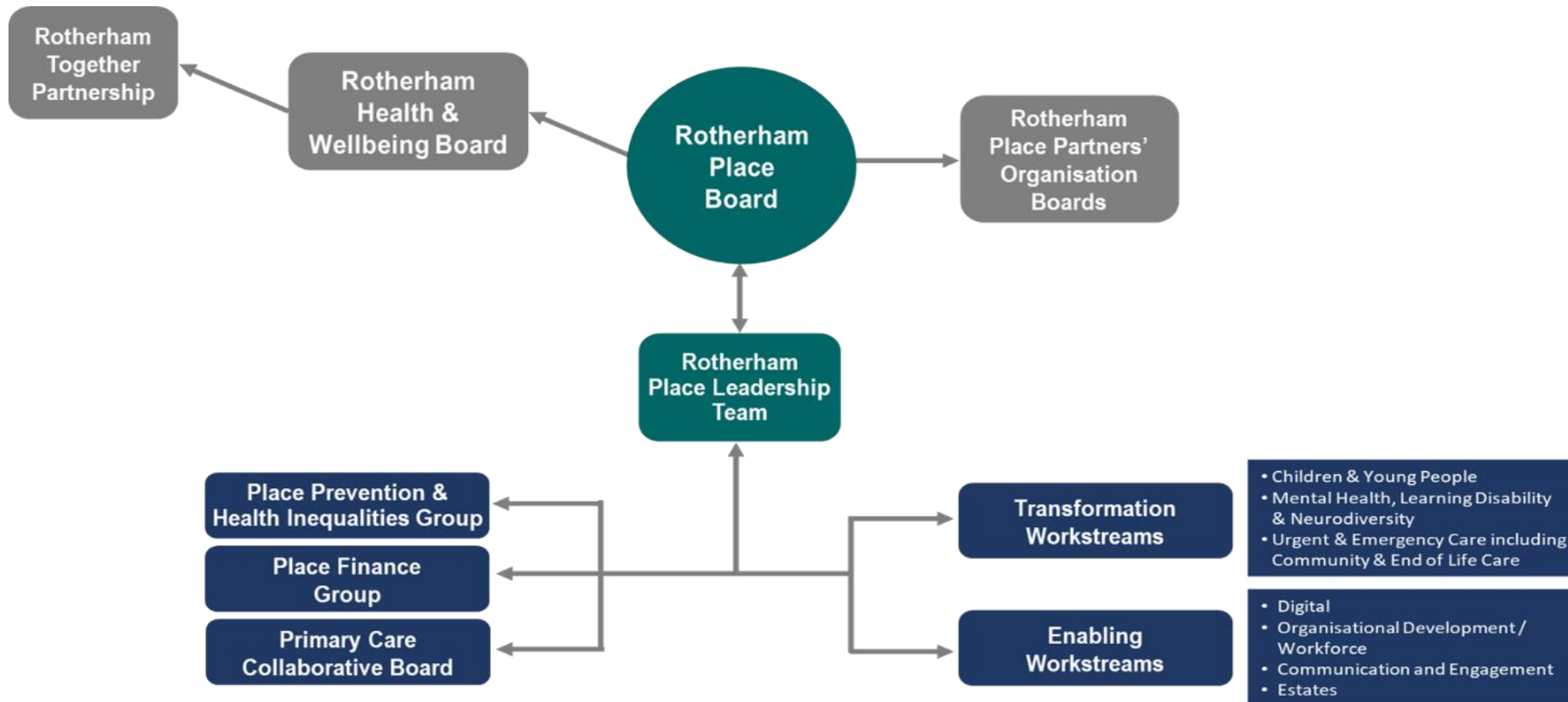
Rotherham takes suicide prevention seriously. The multi-agency Rotherham Suicide Prevention and Self Harm Group meets quarterly and is tasked to implement this plan. Partners represented on the Rotherham Suicide Prevention and Self-Harm Group include:

- Andy's 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

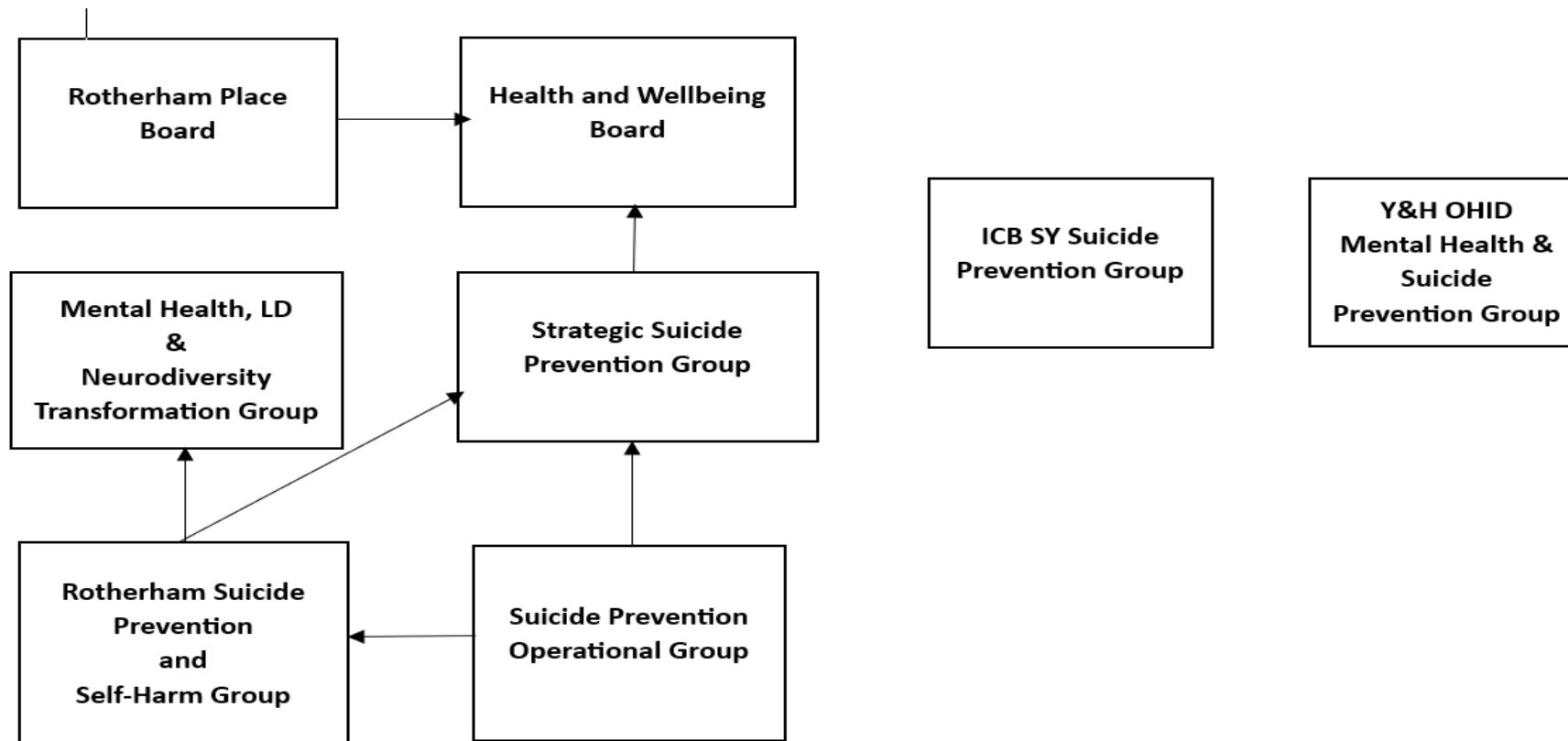
- RMBC Adult Care, Housing and Public Health
- RMBC Children and Young People's Services
- RMBC Communications and Engagement
- RMBC Regeneration & Environment Services Directorate
- Rotherham MAST/Maltby Academy (Multi Agency Support Team) Strategic Leader
- Rotherham Samaritans
- Rotherham United Community 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 page 5 shows the reporting structure for suicide prevention.



This diagram shows the relationship of the Suicide Prevention Groups in Rotherham to each other and Governance structures in Rotherham. Rotherham suicide prevention is also aligned to work at a South Yorkshire and Yorkshire and Humber level. and the SY ICB and Yorkshire and Humber Suicide Prevention Groups.

## National Picture

In 2023, 6,069 suicides were registered in England and Wales, equivalent to an age-standardised mortality rate (ASMR) of 11.4 deaths per 100,000 people. This was an increase of 7.6% in the number of suicides since 2022 (427 deaths).

Males continued to account for around three-quarters of suicide deaths registered in 2023 (4,506 male deaths; 1,563 female deaths), a trend seen since the mid-1990s.

In 2023, suicide rates for males (17.4 deaths per 100,000) and females (5.7 per 100,000) increased to their highest levels since 1999 and 1994, respectively. ([ONS, Suicides in England and Wales](#)).

## Regional Picture

The information below shows the suicide rate per 100,000 for Persons, Male and Female suicides across the Yorkshire and Humber region in the period 2021-2023. Red indicates this is statistically worse than the average for England, yellow statistically similar and green statistically better. (Source: [Fingertips/Public Health Profiles](#))

| Indicator  | Period    | England | Yorkshire and the Humber region (stat) | 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 |
|--|-----------|---------|--|----------|----------|------------|-----------|--------------------------|--------------------|----------|-------|-------------------------|--------------------|--------------------|-----------|-----------|-----------|------|
| Overall suicide rate for population aged 10 years and older (3 years pooled) |           |         |  |          |          |            |           |                          |                    |          |       |                         |                    |                    |           |           |           |      |
| Suicide rate (Persons, 10+ yrs)  | 2021 - 23 | 10.7    | 12.3                                   | 14.2     | 10.8     | 17.6       | 14.9      | 12.4                     | 13.0               | 12.2     | 11.6  | 10.9                    | 9.5                | 12.2               | 12.6      | 9.2       | 16.7      | 9.7  |
| Suicide rate (Male, 10+ yrs)   | 2021 - 23 | 16.4    | 18.5                                   | 22.7     | 16.6     | 30.9       | 21.1      | 18.1                     | 20.1               | 18.1     | 16.9  | 16.8                    | 14.1               | 20.0               | 17.3      | 12.6      | 24.8      | 15.5 |
| Suicide rate (Female, 10+ yrs)   | 2021 - 23 | 5.4     | 6.3                                    | 6.1      | 5.2      | 5.0        | 8.8       | 7.1                      | 5.8                | 6.6      | 6.7   | 5.2                     | 4.8                | 4.7                | 8.1       | 6.1       | 8.8       | 4.3  |

Rotherham can also be compared to statistically similar local authority areas.

[Suicide rate \(Persons, 10+ yrs\)](#) 2021 - 23

Directly standardised rate - per 100,000

| Area                    | Recent Trend | Neighbour Rank | Count  | Value |  | 95% Lower CI | 95% Upper CI |
|-------------------------|--------------|----------------|--------|-------|--|--------------|--------------|
| England                 | —            | -              | 16,159 | 10.7  |  | 10.6         | 10.9         |
| Neighbours average      | —            | -              | -      | -     |  | -            | -            |
| Calderdale              | —            | 13             | 95     | 17.6  |  | 14.2         | 21.5         |
| Wakefield               | —            | 1              | 157    | 16.7  |  | 14.1         | 19.3         |
| St. Helens              | —            | 8              | 77     | 15.9  |  | 12.5         | 19.9         |
| Wigan                   | —            | 4              | 138    | 15.7  |  | 13.1         | 18.4         |
| Knowsley                | —            | 10             | 62     | 15.2  |  | 11.6         | 19.5         |
| Doncaster               | —            | 2              | 121    | 14.9  |  | 12.3         | 17.6         |
| Barnsley                | —            | 3              | 92     | 14.2  |  | 11.4         | 17.4         |
| Halton                  | —            | 14             | 45     | 13.2  |  | 9.7          | 17.7         |
| Rotherham               | —            | -              | 88     | 12.6  |  | 10.1         | 15.5         |
| Stockton-on-Tees        | —            | 9              | 61     | 11.9  |  | 9.1          | 15.3         |
| Telford and Wrekin      | —            | 5              | 57     | 11.7  |  | 8.9          | 15.2         |
| North East Lincolnshire | —            | 15             | 44     | 10.9  |  | 7.9          | 14.6         |
| Tameside                | —            | 7              | 59     | 9.7   |  | 7.4          | 12.6         |
| Gateshead               | —            | 6              | 50     | 9.5   |  | 7.0          | 12.5         |
| Swindon                 | —            | 11             | 55     | 9.0   |  | 6.8          | 11.8         |
| Dudley                  | —            | 12             | 74     | 8.8   |  | 6.9          | 11.1         |

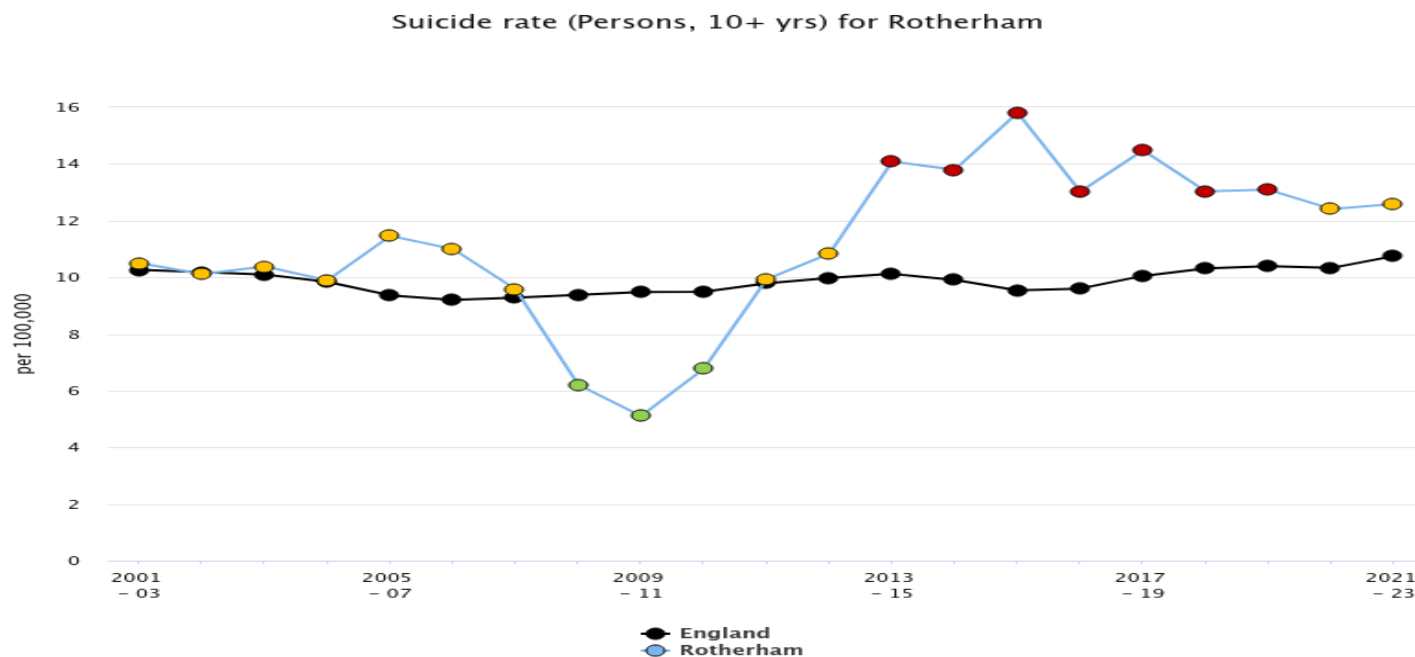
## Local picture- Rotherham Data

### ➤ Suicide Rate Persons



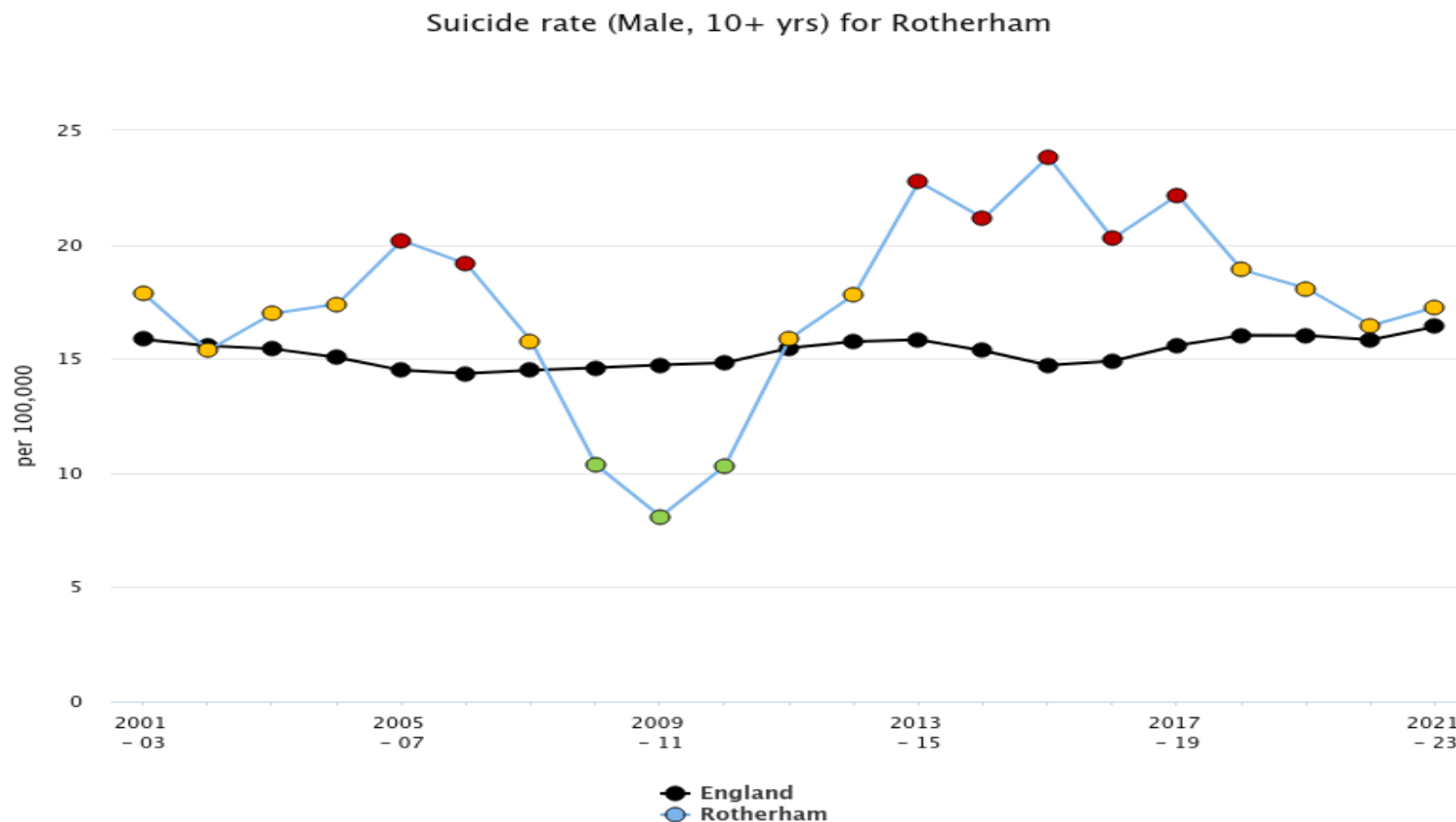
The latest suicide data shows that Rotherham has seen a small increase in suicides from 12.4 in 2020-2022 per 100 000 to 12.6 in 2021-2023, however the rate is statistically similar to the average for England at 10.7 per 100,000.

Rotherham ranks 9<sup>th</sup> compared to CIPFA Nearest Neighbour local authorities.



➤ Gender

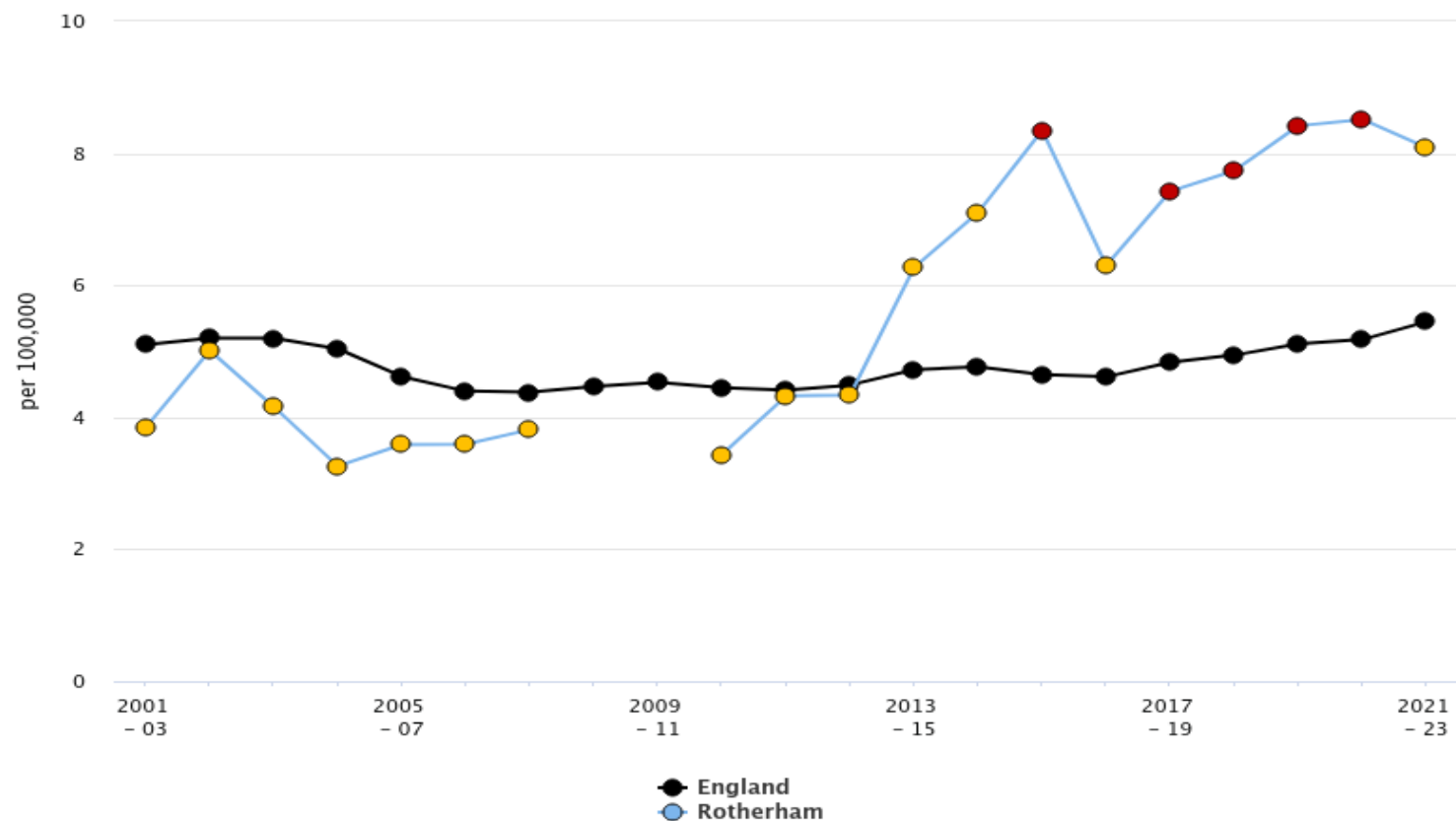
Rotherham mirrors the national picture with males still accounting for most of the deaths to suicide in Rotherham. The rate has slightly increased in the period 2021-2023 to 17.3 per 100,000 compared to 16.5 in 2020-22. However, it is still statistically similar to the national average for England at 16.4 per 100,000.



### ➤ Female deaths

Female deaths in Rotherham, whilst still lower than males became significantly worse than the national average for England from 2017-2019. The rate in 2021-2023 is now 8.1 per 100,000 and statistically similar to England at 5.4 per 100,000.

Suicide rate (Female, 10+ yrs) for Rotherham



For further information on suicide rates please refer to the [Rotherham Data Hub](#).

#### Achievements in the 2024 action plan

- Place Suicide Prevention Guidance refreshed and reissued.
- Suicide prevention training for staff and volunteers across Health and Wellbeing Board Partners

- Information on [RotherHive](#)- cost of living, pain management, and moving more.
- The DASH tool (Domestic Abuse, Stalking, Harassment and Honour Based Violence Assessment) training starting in September 2024, includes pathway to support for victims and perpetrators with suicidal ideation.
- Making Every Contact Count (MECC)- Tackling Loneliness and Cost of Living training for staff and volunteers
- Promotion of Kooth, Qwell and Safe Space provision to staff and public
- Adult Care Prevention and Early Intervention Small Grants (July 2024-July 2025)- to tackle loneliness and isolation- 13 grants awarded.
- Be the Ones- comms and engagement plan for 2024/25, coproduction looking at Neurodiversity and suicide prevention.
- Y&H Gambling Related Harms training- promoted to Adult Care, Housing, VAR, Citizens Advice, NHS staff.
- Promotion of [Walk with Us Guidance](#) to all schools, colleges, VCS and CYP settings
- Reducing access to means- designing out suicide, work with local and National Highways colleagues, Samaritans signage
- Mobilisation of Suicide prevention pilot service for people who have attempted suicide.
- Sudden and Traumatic Bereavement Pathway for Children and Young People has been refreshed and will be loaded onto Tri-X
- Community Response Plan for suicides, through Adult and Children's Safeguarding Boards
- Long Term Chronic Pain Group has been established.

### **Helpful resources on suicide prevention**

[Be the One: Rotherham's suicide prevention campaign](#)

[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](#)

[RotherHive](#)

[South Yorkshire Amparo](#)

[Support After Suicide Partnership, Help is at Hand](#)

[Walk with Us- South Yorkshire Toolkit for children and young people bereaved by suicide](#)

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. Making Suicide Prevention Everyone's Responsibility**

| <b>Objectives</b> | <b>Actions</b> | <b>Who will lead?</b> | <b>By when?</b> | <b>What do we want to see as a result?</b> | <b>Progress to date</b> |
|-------------------|----------------|-----------------------|-----------------|--|-------------------------|
|                   |                |                       |                 |  |                         |

| Objectives   | Actions  | Who will lead?  | By when?   | What do we want to see as a result?   | Progress to date |
|--|--|---|--|---|------------------|
| <b>1. Staff and Volunteers across health, SYP, VCS, and social care system are equipped to identify and support people at risk of suicide.</b> | <p>1.1 Annual refresh and promotion of the Place guidance sheet to enable staff to deal with suicidal ideation.</p> <p>1.2 Ongoing promotion and adoption of the Zero Suicide Alliance Training (ZSA).</p> <p>1.3 Promotion of RotherHive, Be the One, Hub of Hope, Amparo, to partners across Rotherham.</p> <p>1.4 Training programme for suicide prevention and self-harm promoted during 2025/26 for staff and volunteers across Place.</p> <p>1.5 Bespoke training sessions for HWB Partners utilising themes from real time data. (SYP, primary Care, Social Care Staff).</p> <p>1.6 Promotion of the Stay Alive app and associated tools.</p> | <p>1.1.PHS, RMBC &amp; RDASH to update the guidance sheet. Place Comms and Engagement and Safeguarding leads across Place to promote.</p> <p>1.2 All Partners of the Strategic Suicide Prevention Group: SY ICB, SYP, RDASH, RMBC and VCS</p> <p>1.3 Through PH delivery of MECC training, SY ICB Rotherham- MH Commissioning. Safe guarding leads and Safeguarding Champions/. Partners of the Suicide Prevention Group.</p> <p>1.4 PHS &amp; Learning and Development, RMBC.</p> <p>1.5 PHS, MH Lead Safer Neighbourhood Service, Head of Service – Safeguarding and Mental Health Adult Social Care (RMBC)</p> | <p>Guidance sheet refreshed and updated Summer 2025 and then annual updates.</p> <p>Zero Suicide Alliance Training promoted via guidance sheet and through Be the One from April 2025.</p> <p>Comms briefing sessions for staff on RotherHive March 2025 onwards.</p> <p>Training programme launched July/August 2025.</p> <p>Stay Alive app promoted via training and through Be the One website.</p> | <p><b>A reduction in the number of suicides amongst people receiving mental health support:</b></p> <p>Number of staff trained across the sectors.</p> <p>Staff and volunteers feeling more confident and knowledgeable.</p> <p>Increasing number of visits to local websites Be the One and RotherHive website.</p> <p>Numbers of people accessing ZSA training.</p> |                  |

| Objectives  | Actions  | Who will lead?  | By when?  | What do we want to see as a result?   | Progress to date |
|---|--|---|---|---|------------------|
|   |  | Suicide Prevention Operational Leads  |   |   |                  |
| <b>2. Employees and Employers equipped to identify and support people at risk of suicide.</b>                                   | <p>Delivery of suicide prevention messages/training through Be Well @ Work Award.</p> <p>Organisations to consider sign up to the Baton of Hope pledge:</p>  | PH Lead on Workplace Health, Employers, Strategic Suicide Prevention Group Leads for their organisations  | Suicide prevention embedded within Be Well @ Work is reviewed annually and updates included where new evidence and best practice is available.  | Suicide aware workplaces where people can access appropriate help and support   |                  |
| <b>3. To equip people living and working to Rotherham to understand how to identify and support someone at risk of suicide.</b> | <p>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"> <li>- Promoting the Zero Suicide Alliance Training to the public.</li> <li>- Promotion of Amparo and Survivors of Bereavement by Suicide Group.</li> </ul> | 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. | Quarterly updates to Suicide Prevention and & SH Group and the Mental Health, Learning Disability and Neurodiversity Transformation Group which will include ZSA training uptake, campaign information. | <p><b>A reduction in suicides amongst high-risk groups:</b></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> |                  |

| Objectives | Actions  | Who will lead? | By when? | What do we want to see as a result? | Progress to date |
|------------|--|----------------|----------|-------------------------------------|------------------|
|            | <ul style="list-style-type: none"> <li>- Promoting the Stay Alive App and hub of Hope</li> <li>- Promotion of the grassroots support to help people at risk of suicide.</li> </ul> |                |          |                                     |                  |

**Aim 2. To support to those bereaved, affected and exposed to suicide.**



| Objectives   | Actions  | Who will lead?  | By when?   | What do we want to see as a result?   | Progress to date |
|--|--|---|--|---|------------------|
| <b>2.1 To provide support and early intervention to children and young people bereaved by suicide.</b> | <p>2.1.1 To annually 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 promote Walk with Us –including the new easy read version.</p> <p>2.1.6 To work with SY Colleagues to design, implement and evaluate a peer-to-peer support service for young people.</p> | <p>2.1.1 PHS collaborating with partners from RMBC C&amp;YP services, SY Police and CAMHS.</p> <p>2.1.2 Educational Psychology Service (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 &amp; deliver a suicide bereavement course for CYPS practitioners working across partner organisations.</p> | <p>2.1.1 Review due July 2025.</p> <p>2.1.2 Review of Critical Incident information for schools and settings Sept 2025.</p> <p>2.1.3 Training available upon request from EPS.</p> <p>2.1.4 Amparo to promote briefing sessions to CYPS.</p> | <p><b>Children bereaved or affected by suicide receiving appropriate support:</b></p> <p>Pathway renewed annually.</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 improvements in knowledge and confidence.</p> <p>ICB CYPS Toolkit, Walk with Us,</p> |                  |

| Objectives   | Actions  | Who will lead?   | By when?   | What do we want to see as a result?   | Progress to date |
|--|--|--|--|---|------------------|
|  |  | <p>2.1.4 Amparo to work with services from April 2024.</p> <p>2.1.5 PHS Lead working with NHS, RMBC, Schools, Colleges, and VCS.</p> <p>2.1.6 PHS working with SY colleagues in the ICB Suicide Bereavement Task Group and ICB Comms and Engagement.</p>       |  | <p>promoted, practitioners understand their role in supporting children, young people and families bereaved by suicide. Referrals to appropriate services.</p> <p>Children and young people supported through Amparo.</p> <p>Peer support available for young people living in South Yorkshire.</p> |                  |
| <b>2.2 To ensure that timely, coordinated, and appropriate support is provided to adults bereaved and affected by suicide.</b> | <p>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.</p> <p>2.2.2 To promote Amparo across Place organisations with a particular focus on primary care, VCS, funeral directors, libraries, and Registrars.</p> <p>2.2.3 To promote a Survivors of Bereavement by Suicide Group (SOBS) in Rotherham.</p> <p>2.2.4 To deliver an annual Memorial Event for families and friends bereaved by suicide.</p> | <p>2.2.1 PHS Lead &amp; SY ICB Rotherham MH Commissioning Lead, working with SYP and PH Leads across SY.</p> <p>Amparo Partnership Lead, working with suicide prevention colleagues from across SY ICB.</p> <p>2.2.2 &amp; 2.2.3 Suicide Prevention Group.</p> | <p>2.2.1<br/>2.2.1 Bimonthly contract and performance meetings held between SY ICB Rotherham, PH Leads and Amparo.</p> <p>2.2.1 Monthly reviews reported to Strategic Suicide Prevention and the Mental Health, Learning Disability and Neurodiversity Transformation Group.</p> | <p><b>Adults bereaved or affected by suicide receiving appropriate support:</b></p> <p>Current provision reviewed on a regular basis and changes made where necessary.</p> <p>Adults accessing Amparo support.</p> <p>Positive feedback from people receiving support.</p>                          |                  |

| Objectives   | Actions   | Who will lead?   | By when?  | What do we want to see as a result?   | Progress to date |
|--|---|--|---|---|------------------|
|  |   | 2.2.4 ICB SY Suicide Bereavement task Group working with local Survivors of Bereavement by Suicide Group (SOBS).   | 2.2.2 Information circulated to Place Partners with a focus on key stakeholder groups April 2025 onwards.<br><br>2.2.3. Promotion of group through channels of communication across Place.<br><br>2.2.4 December 2025.                          | SY SOBS peer groups promoted.<br><br>Reports of uptake to Strategic Suicide Prevention and the Mental Health, Learning Disability and Neurodiversity Transformation Group on Amparo referrals.  |                  |
| <b>2.3 Frontline staff in contact with families able to offer support and signposting.</b> | Equip frontline staff to be able to offer appropriate support to families they have contact with:<br><br>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.<br><br>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.<br><br>2.2.3 To promote Amparo and SOBS peer support groups on Place websites, Be the One, RotherHive. | Representatives of the Suicide Prevention and Self Harm Group to take this action back to their organisations.<br><br>Working with Communication Leads from: SY ICB Rotherham, TFRT, RMBC, RDaSH, SYP<br><br>Collaborating with Amparo and SOBS. | 2.2.1 Evidence and reports to SP & SH Group.<br><br>2.2.1 Services promoted throughout the year at various workshops and training events.<br><br>2.2.2 Work with Provider at bimonthly contract and performance meetings commencing April 2024. | <b>Adults bereaved or affected by suicide receiving appropriate support:</b><br><br>Quarterly reports showing an increase in number of people accessing Amparo.<br><br>Staff distributing the Help is at Hand guide.<br><br>Staff aware of the Amparo service and SOBS peer support |                  |

| Objectives   | Actions   | Who will lead?  | By when?  | What do we want to see as a result?  | Progress to date |
|--|---|---|---|--|------------------|
|  | 2.2.4 Promote the Help is at Hand guide to all services so that workers can distribute this to families:<br><a href="https://supportaftersuicide.org.uk/support-guides/help-is-at-hand/">https://supportaftersuicide.org.uk/support-guides/help-is-at-hand/</a> |   | 2.2.3 Comms and Engagement Leads to provide reassurance that services are promoted on | group and know how and when to refer people into this service.   |                  |
| <b>2.4 For partners of the H&amp;WB to lead by good example ensuring that staff who are affected by suicide are offered appropriate support.</b> | 2.4.1 All partner organisations to have procedures/policies in place outlining support for staff who are affected by suicide.<br><br>2.4.2 Promotion of Amparo Service to staff through staff briefings and Zoom sessions.                                      | 2.4.1 Members of the Strategic Suicide Prevention Group to lead this, working with HR Officers. (RMBC, SYP, ICB SY Rotherham, RDaSH, TRFT).<br><br>2.4.2 OD/HR within Health and Wellbeing Partner organisations. | Evidence of policies/procedures in place by end of December 2025.                     | <b>A reduction in suicides amongst high-risk groups:</b><br><br>Sharing of good practice across partner organisations.<br><br>Evidence of written policies/procedures.<br><br>Evidence of Rotherham managers and staff attending Amparo briefing sessions. |                  |

**Aim 3. 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 |
|---|--|--|---|---|------------------|
| <b>3.1 To provide support for those who have attempted suicide.</b> | <p>Pilot the service, <b>Vista Rotherham Project</b> to support people who have attempted suicide and have been assessed and referred by Crisis and Hospital Liaison Service.</p> <p>Regular performance and monitoring meetings between RMBC Public Health, the Provider and RDASH to review pathways, referrals, data collection, signposting.</p> | RMBC Commissioning, Connect Healthcare, PHS, RDASH and people with lived experience. | Pilot to commence April 2025 to end of June 2026. | <p><b>A reduction in suicides amongst high-risk groups:</b></p> <p>Building emotional resilience and increasing people's coping skills.</p> <p>Reduction in people presenting again at Crisis and Hospital Liaison Service.</p> |                  |

| Objectives  | Actions   | Who will lead?   | By when?   | What do we want to see as a result?   | Progress to date |
|---|---|--|--|---|------------------|
| <b>3.2 To ensure there are robust processes in place to prevent suicide contagion and support all those affected.</b> | <p>3.2.1 Suicide Community Response Plan to be approved by Children and Adults Safeguarding Boards.</p> <p>3.2.2. To run a table top exercise with Partners on the Suicide Community Response Plan.</p> <p>3.2.3. Incorporate learning by exercise and promote plan.</p>  | <p>3.2.2. PHS Lead working with Adult and Children's Safeguarding Leads.</p> <p>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 learning and amend plan.</p> | <p>by Summer 2024.</p> <p>Exercise run by August/September 2024.</p> <p>Plan adapted to incorporate learning, September 2024.</p>  | Risk of suicide contagion reduced. People bereaved and affected by suicide supported. |                  |
| <b>To develop bespoke actions to reduce suicides for inclusion groups.</b>  | <p>Delivery of bespoke activities to target inclusion groups. Actions for 2025/26 include:</p> <ul style="list-style-type: none"> <li>◦ ECHO training for care homes, domiciliary care, Adult Care staff and others working with older adults.</li> <li>◦ Domestic Abuse and Suicide Prevention Training.</li> <li>◦ SayIt to deliver training for staff and volunteers on LGBTQI+ communities and suicide prevention.</li> </ul> | <p>Partner organisations (SayIt, ECHO) Community Safety Officer, PH Lead, SY PH Leads, L&amp; D colleagues, Mental Health Clinical Lead RDASH, SY PH Leads, members of the ICB Neurodiversity and Suicide Prevention Group.</p>  | <p>ECHO training by end of 2025.</p> <p>LGBTQI+ training 2025/26</p> <p>Domestic Abuse and Suicide Prevention training- 2 courses during 2025.</p> <p>Training for Faith Leaders, first session by March 2025.</p> |   |                  |

| Objectives | Actions   | Who will lead? | By when?   | What do we want to see as a result? | Progress to date |
|------------|---|----------------|--|-------------------------------------|------------------|
|            | <ul style="list-style-type: none"> <li>Training for faith leaders.</li> <li>Work with RANSS, Speak Up, RDASH and RMBC to ensure Be the One is accessible to neurodivergent communities.</li> <li>Sharing good practice with SY colleagues on resources for Autistic Adults.</li> <li>Promotion of ZSA Suicide and Autism training.</li> </ul> |                | <p>Refreshed Be the One website end of December 2025.</p> <p>Promotion of ZSA Autism training through Be the One website Dec 2025.</p> |                                     |                  |
|            |   |                |  |                                     |                  |

#### Aim 4. Using data to inform delivery of suicide prevention in Rotherham.

| Objectives   | Actions   | Who will lead?  | By when?  | What do we want to see as a result?  | Progress to date |
|--|---|---|---|--|------------------|
| <b>4.1 To use the real time data to inform practice at a Place level</b> | <p>4.1.1 Suicide Operational Group to continue to review all deaths by suspected suicide and deliver actions which will: address risk factors &amp; groups, prevent contagion, support those affected.</p> <p>4.1.2 To present the real time data at bespoke training sessions for staff, using</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, | <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</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> |                  |

| Objectives   | Actions   | Who will lead?  | By when?  | What do we want to see as a result?   | Progress to date |
|--|---|---|---|---|------------------|
|  | <p>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>4.1.4 To use real time data to inform local action plans, commissioning intentions and pathways on issues like: <b>domestic abuse, drug and alcohol services and preventative work, debt, and money management.</b></p> | <p>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>4.1.3 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>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>Commissioned services and pathways evidence links to suicide prevention actions.</p> |                  |
| <b>4.2 To use data from SYP and BTP 136 reports to target frequently used locations.</b> | <p>4.2.1 To work with local teams, (Highways and SYP Designing Out Crime Officers), and national organisations (BTP and National</p>  | <p>4.2.1 Service Manager, Local Schemes and Road Safety (Regeneration and Environment) SYP</p>  | <p>Monthly reports from SYP &amp; BTP re 136 incidents. Reviewed at Operational Group.</p>  | <p>Actions taken to reduction in the number of suicides in public places.</p>           |                  |



| Objectives | Actions   | Who will lead?   | By when? | What do we want to see as a result? | Progress to date |
|------------|---|--|----------|-------------------------------------|------------------|
|            | <p>Highways) to prevent suicides in public places.</p> <p>4.2.2 To use the data to promote training in these areas so that communities are suicide aware.</p> | <p>Designing Out Crime Officers and PH Lead.</p> <p>4.2.2 PH Lead working with Neighbourhood colleagues.</p> |          |                                     |                  |

## Glossary

EPS- Educational Psychology Service  
 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 Suicide Prevention Group

|              |                         |
|--------------|-------------------------|
| <b>Grey</b>  | Not due to start        |
| <b>Red</b>   | Not on target           |
| <b>Amber</b> | Almost achieving target |

|              |                              |
|--------------|------------------------------|
| <b>Green</b> | Achieving Target<br>On track |
| <b>Blue</b>  | Complete                     |