5. Summary

5.1 The purpose of this report is

   a) to report formally the key findings of the independent report commissioned by the Council to examine circumstances surrounding the four deaths by suicide of boys and young men in Rotherham aged between 15 and 19 years of age since 5th November 2011 and two identified self-harm incidents as late as March 2014. Two of those who died by suicide and one of the self-harm incidents were students attending School A.

   and

   b) to present Rotherham’s Suicide Prevention Action Plan and its model Rotherham Suicide and Serious Self Harm Community Response Plan for consideration and approval by the Board.

5.2 Attached to this report are three appendices

A Executive Summary of An Independent Review of Actions Taken Following a Group of Suicide events in Rotherham

B Draft Rotherham Suicide Prevention and Self Harm Action Plan

C Rotherham Suicide and Serious Self Harm Community Response Plan.

5.3 The authors of the report express their deepest sympathy to the family and friends of the young people who died by suicide or acts of self-harm.

5.4 Enclosed is the updated Rotherham Suicide and Serious Self Harm Community Response Plan that was developed during the response. This has subsequently been used in schools across Rotherham who have had incidents of serious self-
harm amongst their pupils. The schools involved have provided positive feedback about using the plan which addresses a wider community response through ‘circles of vulnerability’. This does not replace the support that the NHS, Social Care and the Police may be providing for individuals and their families.

The enclosed Rotherham Suicide Prevention and Self Harm Action Plan incorporates the recommendations from the independent review plus the six areas for action as outlined in the Department of Health Suicide Prevention Strategy 2012.

6. Recommendations

6.1 That the Health and Wellbeing Board note the Executive Summary of the Independent Review.

6.2 The Board accept and endorse the Rotherham Suicide Prevention and Self-Harm Action Plan and task the Rotherham Suicide Prevention and Self Harm group to implement it.

6.3 The Rotherham Suicide Prevention and Self Harm group are tasked to provide a minimum of an annual update to the Health and Wellbeing Board about progress made in implementing the plan.

6.4 The Board accept and endorse the Rotherham Suicide and Serious Self Harm Community Response Plan, the use of which will be promoted by the Director of Public Health in the case of any future incidents.

7. Background

7.1 Between 2011-2013 both local elected ward members in the area adjacent to School A and the Director of Public Health had been concerned about the number of teenage suicides and self-harm incidents in a short period, more than one of which had a connection with School A. The elected members expressed formal concerns about the need to respond to these incidents. Some common issues had been highlighted in the Child Death Overview Panel (CDOP) (22nd March 2013) which the Director of Public Health chaired.

7.2 Following discussions with the national team at Public Health England (PHE), a multi-agency strategy group was established in April 2013 in Rotherham to look at how to tackle the risk of any spread of such tragic events. Nationally there are no guidelines for dealing with teenage suicides, although The Samaritans have produced comprehensive guidance for use in schools. To add to the national knowledge on teenage suicides PHE recommended independent authors who could write a review of lessons learnt. RMBC subsequently commissioned the enclosed review.

8 Proposals and Details

8.1 Suicides are not inevitable. They are often the end point of a complex history of risk factors and distressing events; the prevention of suicide has to address this complexity.
8.2 Under the Health and Social Care Act 2012 Public Health transferred into the Local Authority. As suicide prevention is a Public Health Outcome Framework indicator (PHOF), the Director of Public Health established a Suicide Prevention Group in 2012. This group developed an action plan based on the Department of Health Guidance below.

8.3 In 2012 the Government produced “Preventing suicide in England A cross-government outcomes strategy to save lives”: 

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
6. Support research, data collection and monitoring.

8.4 To sit alongside the guidance a Prompts for local leaders on suicide prevention was published, also in 2012. 

8.5 The Mental Health Crisis Care Concordat
The Mental Health Crisis Care Concordat is an agreement between services and organisations involved in the care of people in crisis. It sets out how organisations can work together to make sure people get the help they need when in mental health crisis. Rotherham Mental Health Crisis Care Plan is available — see link enclosed www.crisiscareconcordat.org.uk All statutory partners of the Health and Wellbeing Board are identified as leads within the Rotherham Mental Health Crisis Care Concordat Action Plan. The actions reflect the priorities of the Rotherham Suicide Prevention and Self Harm Group and recommendations from the Rotherham Independent Review.

8.6 The Public Health Outcome Framework (PHOF) identifies suicide as an indicator in men and women (indicator 4.10). Rotherham’s data can be viewed here:
http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000044/pat/6/ati/102/page/0/par/E12000003/are/E08000018

Rotherham suicide rate for 2011-13 was 14.2 per 100,000 of the population. For men this scored “similar” to the benchmark of the England average of 13.8 per 100,000. For women the numbers were too low to record an age standardised mortality rate.
8.7 Between 5th November 2011 and March 2014 there were four deaths by suicide of young males in Rotherham between the age of 15-19 and two identified severe self-harm incidents. In January 2014 Rotherham Council commissioned “An Independent Review of Actions Taken following a Group of Suicide Events in Rotherham” from consultants recommended by Public Health England.

There were five key aims to the review:

1. To provide a supportive critique to the work undertaken to date in relation to prevention measures and response plans in the event of future suicides / unexpected deaths.

2. To determine whether there was an appropriate response to assessing and meeting the needs of the specified cohort of young people who have been identified as being closely affected by the events.

3. To identify areas of work that has been undertaken to date, which requires redesign or additional specific interventions.

4. To develop a plan for a whole system approach to prevention of young people suicides and self-harm in Rotherham and ways in which any barriers could be overcome.

5. To recommend governance and reporting arrangements for the performance management of the Suicide Prevention and Self-harm Strategy and the Community Plan.

The Executive Summary of the report which was finalised in January 2015 is attached to this report at Appendix A. The full report is available on the Council’s website. The Council and its partners have used national guidance, the lessons from the independent review and its experiences of dealing with the tragic suicides and self-harm incidents to produce the plans described below.

8.8 During and since the production of this report the Council and its partners have worked through the Rotherham Suicide Prevention and Self Harm Group on an action plan to prevent suicide and self-harm and on a community response plan designed for use in relation to any future incidents of suicides. The draft Rotherham Suicide Prevention and Self- harm Action Plan (Appendix B) details many initiatives which have been implemented over the last two years, including:

- A bereavement pathway for children bereaved by suicide
- A suicide prevention conference aimed at front line workers
- Suicide prevention training such as Applied Suicide Intervention Skills Training (ASIST) and Mental Health First Aid (for front line staff)
• CARE about suicide cards for front line staff (Concern, Ask, Respond, Explain)
• Work with the Rotherham Youth Cabinet on self-harm
• GP ‘top tips’ in suicide prevention developed.
• Rotherham Guidance on self-harm.

8.9 The enclosed **Rotherham Suicide and Serious Self Harm Community Response Plan** (Appendix C) has been developed to assist Rotherham communities and agencies to manage or contain an actual or potential suicide cluster or where there might be a risk of one. The expectation is that in future the Director of Public Health would define whether there was either a risk of or an actual cluster. A community response plan will be developed and implemented by members of the community and the services that support them in order to manage and contain the associated risk of ‘copycat suicidal acts’ if such a risk occurs. The plan can be applied to a particular geographical area, a particular facility e.g. a school, hospital or youth club, a rural or virtual community. The process will be chaired by Rotherham Public Health.

8.10 Alongside the development of these plans the All Party Parliamentary Group (APPG) on Suicide and Self – harm published an “Inquiry into Local Suicide Prevention Plans in England” January 2015. The APPG considered that there were three main elements that are essential to the successful local implementation of the national strategy. All Local Authorities must have in place:

a) Suicide audit work to in order to understand local suicide risk.

b) A suicide prevention plan in order to identify the initiatives required to address local suicide risk.

c) A multi-agency suicide prevention group to involve all relevant statutory agencies and voluntary organisations in implementing the local plan.

Rotherham was one of the two local authority areas in the Yorkshire and Humber region which met all three requirements (p39). Rotherham was cited for the conference for frontline workers held in April 2013 (p40) and the CARE about suicide resource cards for frontline workers and the general public which encourages them to act on Concerns, Ask about Suicide, Respond and Explain their actions to help a person at risk(p 40 & 70)


8.11 It is proposed that the Board note the recommendations in the Executive Summary of the independent report and that they approve the Rotherham Suicide Prevention and Self – Harm Action Plan and the Rotherham Suicide and Serious Self Harm Community Response Plan for future use in Rotherham, to be monitored by regular reports on progress back to the Health and Well Being Board.

9. Finance

The report will have financial implications:

**Training:** The Clinical Commissioning Group (CCG) has agreed to fund Mental Health First Aid (MHFA) training for adults and part fund Youth MHFA. Rotherham
Public Health is currently costing self-harm training for universal workers working with young people. They currently have a 10k budget to put towards all suicide and self-harm training.

**Commissioning:** NHS commissioners are asked to ensure mental health contracts address the needs of suicidal people and offer support to those bereaved by suicide. Partner agencies are signed up to the Crisis Care Concordat which supports people in crisis. [http://www.crisiscareconcordat.org.uk/](http://www.crisiscareconcordat.org.uk/)

**Voluntary sector** colleagues have a key role to play in suicide prevention and expectations on them have implications for existing and future resourcing.

10. **Risks and Uncertainties**

Families and communities bereaved by suicide are at higher risk of subsequent suicides than the general population. It is therefore important that any school (or community) are vigilant for two years post any suicide event.

Rotherham Public Health Outcomes Framework for suicide prevention reflects on the provision and outcomes of mental health services and mental health and wellbeing initiatives offered across Rotherham.

11. **Policy and Performance Agenda Implications**


Further suicide prevention guidance is due in 2015 and Help is at Hand (bereavement support) is currently being updated by PHE and will be available in 2015.

11.2 The National Mental Health Intelligence Network (NMHIN) and Public Mental Health Team launched the Suicide Prevention Profile on the Fingertips website in March 2015. This provides the latest data on suicides for local areas. You can access the tool directly from the link here: [http://fingertips.phe.org.uk/profile-group/mental-health/profile/suicide](http://fingertips.phe.org.uk/profile-group/mental-health/profile/suicide).

12. **Background Papers and Consultation**

The following guidance was used to respond to the suicides during 2013:

Developing a community plan for preventing and responding to suicide clusters.
The University of Melbourne. Australia.

Samaritans (2013): Help when we needed it the most: How to prepare and respond to suicide in schools