

# Tower Hamlets Suicide Prevention Strategy

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## **Action Plan update 2017/18**

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# 1. Summary/overview

Working together across the Partnership significant progress has been made in implementing actions of the Suicide Prevention Plan agreed by the Health and Wellbeing Board at the end of 2017. A multi agency steering group has met three times with a huge amount of work having taken place among partners to reduce the risk of and increase access to services for persons of all ages at risk or in crisis. This is alongside changes to both national and regional policy that will see more people receiving and accessing perinatal, child and adolescent mental health services.

Locally a wide range of services have made improvements to better support people in crisis and reduce suicides these include:- The Accident and Emergency Department at the Royal London Hospital, where most people in crisis will present, have made multiple improvements to the patient environment and to the provision of appropriate support for young people requiring a psychological intervention. The Homeless housing service and the Jobcentre have started to improve staff knowledge and understanding and to develop processes that will identify and direct persons at risk to appropriate support. In the next few months residents attending the Idea Store, will be supported to identify services tailored to their individual needs, reducing barriers to access.

Although we have made good progress there is still more we plan to do for 2019/20 especially for Children and Young People (CYP). We are planning to provide increased support in schools and the youth services, with agencies working collaboratively to ensure that provision is targeted, universal and appropriate to need. The suicide prevention steering group will be working to learn lessons both from serious case reviews and also information and intelligence from the blue light services on areas where suicides are most likely to take place. Data sharing between blue light services and local public health teams remains challenging. However, by working closely with key partners such as Thrive LDN, a pan London approach is being developed to enable data sharing between organisations both regionally and locally to address risk factors for suicides.

Training is an important part of the action plan and over 460 people working and living in the borough, are now trained in suicide prevention. We are now building a network of individuals that can potentially prevent suicide and who feel more confident to take appropriate action. In 2018/19 further training is planned to increase the number of people trained by a further 250+ with additional training planned. Ensuring the training is reaching those who need it most on the frontline, such as in housing and/or primary care, will require some further work, planning and targeted action.

More work needs to be undertaken across the broad partnership to increase the reach and capacity of national campaigns on suicide prevention, and publicise local opportunities for training on suicide prevention. In the next year the Suicide Prevention Plan and Action Plan will be reviewed to ensure they continue to focus on local priorities whilst making the best use of regional and national opportunities. Further work will be undertaken on developing metrics to monitor progress against objectives so that in future, tangible results can be presented to the Board, to aid understanding and provide a benchmark for improvement.

## 2. Introduction

The priorities of the Tower Hamlets Suicide Prevention Strategy were identified by a multi-agency steering group and the plan formally adopted by the Tower Hamlets Health and Well Board in December 2017. The strategy underpins the approach of the steering group who are working together to implement the local plan and in doing so exceed the national target of a reduction in suicide of 10% by 2021.

The Tower Hamlets strategy is based on the premise that suicide is not inevitable, and that by working collaboratively to build resilience in the community and increasing access to help, suicide can be prevented.

## 3. Outline of priority areas

The Tower Hamlets Suicide Prevention Strategy identified five priority areas for action:

- Early intervention and prevention
- Improving help for those in crisis
- Identifying the needs of vulnerable people
- Addressing training needs
- Communications and awareness



# 4. Priority 1 – Early intervention and prevention

Suicide is often the culmination of a complex array of risk factors, mental ill-health, and distressing life events. Working to reduce exposure to risk factors and supporting people to cope is vital in suicide reduction.

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| <b>What are the short term objectives?</b>  | <ul style="list-style-type: none"><li>&gt; To improve specialist mental health services for targeted groups, in line with the Mental Health Five Year Forward View, with a view to improving mental health and wellbeing in children and young people.</li><li>&gt; To improve the signposting of our existing preventative work.</li></ul>   |
| <b>4.1 Improving specialist mental health services for targeted groups – Progress update</b><br> | <h3>Perinatal</h3> <p>In line with national policy, Tower Hamlets CCG is working with other Clinical Commissioning Groups (CCGs) to employ more staff and see more women in the year before and after childbirth - targeting a group who are at high risk of mental health problems.</p> <p>The North East London (NEL) perinatal mental health (PNM) project will increase the numbers of women accessing the service from 929 in 2016 to 1682 (81%) by 2021.</p> <p>The project will increase the availability of specialist PNM services including:</p> <ul style="list-style-type: none"><li>&gt; lower-level perinatal mental health services, delivered by primary care/midwifery/health visiting/IAPT (Improving Access to Psychological Therapies);</li><li>&gt; higher-level inpatient support from the East London Foundation Trust (ELFT) 12-bedded Mother and Baby Unit (MBU);</li><li>&gt; Diagnosis-specific services e.g. personality disorders/dual diagnosis.</li></ul> <p>Additionally 22.25 staff will be recruited to meet the demand. This follows a successful bid by the East London Health and Care Partnership (ELHCP) to NHS England to increase capacity of key staff in perinatal services across the seven CCGs, with the aim to see more women by 2021.</p> <hr/> <h3>Child and Adolescent Mental Health Services (CAMHS)</h3> <p>In line with national policy, local mental health services will see 40% more children and young people in 2021 than in 2015. Therefore, more of those who need help will receive it - a major step in reducing suicide risk.</p> <p>CAMHS have also recruited a safeguarding transition worker to support children and young people known to services as they transition to adult services.</p> |



## Schools

Tower Hamlets has put forward a bid to be a trailblazer for the national schools and mental health pilot in 2018, building on CAMHS schools training and other local work.

The pilot will involve creating mental health (MH) support teams that will deliver 500 contacts per year for every 8,000 children. The pilot will encompass whole school approaches to primary prevention, low level non specialist mental health support as well as provide services for children with higher needs.

## Adolescence

Safe East Compass is an integrated children and young people's (CYP) health and wellness service and they have recently launched a drug intervention programme for CYP in custody.

## CAMHS Training provision in schools

CAMHS will be developing it's training provision in relation to mental health in secondary schools, building on a commissioned program (2017-18). This will include signs and symptoms, promoting emotional intelligence and staff wellbeing. An enhanced link worker system will support schools develop whole school and targeted well-being interventions, access Specialist CAMHS and work with pupils with complex/challenging needs.

## 4.2 Improving the signposting of our prevention services – Progress update



## Community navigators

The council will be training and installing community navigators in four Idea Store's in Tower Hamlets in the spring of 2019. The community navigators will use an assessment tool to support individuals to identify health and wellbeing needs and signpost to local services. The intention is to remove barriers to mental wellbeing and build resilience in people who may be at risk of depression anxiety and suicide.

## Keepsafe connections

A list of contacts to signpost to when a person is suicidal or in need of support was developed by the Tower Hamlets Community Education Provider Network (CEPN) for each borough in the ELHCP. This information is provided to every attendee to the suicide prevention training. To date over 460 persons have been trained in suicide prevention in Tower Hamlets.

### **4.3 What more needs to be done/what will we do next?**

- > Continue to receive updates on work to improve access to CAMHS and perinatal services.
- > To review the findings of the trailblazer pilot (if awarded), lessons learned and the influence on future commissioning intentions.

# 5. Priority 2 – Improving help for those in crisis

Many people experiencing a mental health crisis will seek or be taken to emergency clinical help. Service providers have raised concerns that there are too few options for referral in these circumstances with patients regularly taken or referred to Accident and Emergency (A&E), a busy environment not well suited to those in distress and which may also make them feel worse.

**Nationally, 68% of patients who die by suicide have a history of self-harm. However, only half of patients who attend A&E through self-harm receive a psychosocial assessment.**

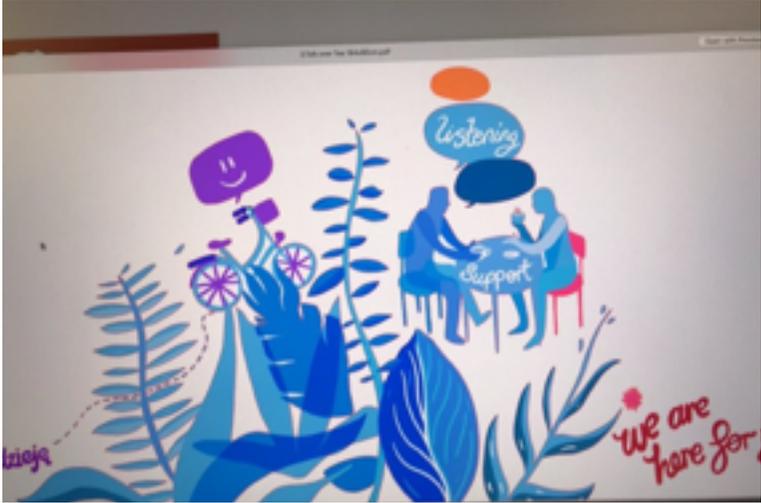
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| <p><b>What are the short term objectives?</b></p>  | <ul style="list-style-type: none"><li>&gt; To examine the specific needs of people attending A&amp;E who have attempted suicide, self-harmed, or who are in mental health crisis</li><li>&gt; To map the current crisis referral pathway, address any gaps, and make the results available to all relevant bodies</li><li>&gt; To work with schools to ensure students receive appropriate support following traumatic events</li></ul> |
| <p><b>5.1 Examining the specific needs of persons attending A&amp;E – Progress update</b></p>  | <p><b>The Hope Wall</b></p> <p>The Royal London Hospital have partnered with an artist who collaborated with service users to visually transform an area of A&amp;E for persons experiencing mental distress. The 'Hope Wall' was opened in July 2018 by Barts Health Trust and East London NHS Foundation Trust.</p>                               |

Figure 1: The Hope Wall at Barts A&E



### A&E Audit

For the month of Dec 2017, The Rapid Assessment Interface and Discharge Service (RAID) service undertook an internal audit of referrals to RAID on A&E attendances, examining both the reason for attendance and outcome.

In one month the service saw 220 patients, 37% who fit the criteria for self-harm or suicidal ideation. The audit has provided much needed insight into patient need and onward referral routes.

### RAID database

The service is in the process of establishing an electronic database, to enable the service to monitor trends and improve support for persons attending A&E in mental health crisis.

### CYP Crisis Pilot

A pilot service has been set up across East London which provides specialist crisis support to CYP attending A&E and in the community. The service will be available at A&E from 1100 to 2300 weekdays, and 1000 to 1430 weekends (similar to City and Hackney and Newham). Thus, extending CAMHS hours and providing access to persons aged 16 and 17 to specialist services for children and young people.

### Health Based Place of Safety

ELFT and TH CCG are reviewing the current arrangements for a Health Based Place of Safety as part of the London Healthy Partnership's strategy to improve service quality and reduce waiting times. A new specification is being introduced for both section 136 assessment suites and staffing (section 136 of the Mental Health Act gives the police powers to remove a person who appears to be suffering from mental distress from a public place to a place of safety).

## 5.2 Mapping the crisis referral pathway – what has been achieved so far?

### Pathways mapping

The Crisis Care Concordat Steering Group is mapping both adult and child crisis pathways, to identify gaps and promote collaborative working. Findings will be shared with wider partners in the autumn 2018 with an updated Crisis Care Concordat Declaration by the end of the year.

### 111 suicide and crisis pathway

NEL CSU is in the process of establishing a clinical pathway via 111 to direct persons experiencing MH crisis to a place of safety (currently A&E).

### Crisis Line

East London Foundation Trust (with the support of the CCG) have set up a new local crisis line 24/7 in line with national guidelines. Mental health crisis calls to 111 services will be via warm transfer, where the Health Adviser keeps the caller on the line until the call is put through. This service was launched in August 2018 in Tower Hamlets/Hackney and Newham as part of a London wide achievement.

**5.3 Working with schools to ensure student receive appropriate support following traumatic events – what has been achieved so far?**



### School trailblazer pilot bid

This trailblazer pilot for schools (see 4.1) aims to improve access to therapeutic support for children in schools.

### Thrive LDN & TH Schools

CEPN in collaboration with Thrive LDN, are supporting local delivery of a national programme to provide Youth Mental Health First Aid training to teaching staff. The Youth Mental Health First Aid (YMHFA) will provide learners with the skills and confidence to spot signs of mental ill health in young people, offer first aid and guide them towards the support they need.

Public Health are similarly working with Thrive LDN to deliver the national programme of workshops by Time to Change addressing MH stigma.

### School Health and Wellbeing Service

The recently re-commissioned school nursing service will support the emotional health and wellbeing as part of a school health and wellbeing programme. This includes; identifying CYP who require support for more specialist services such as educational psychology or CAMHS and includes liaison with primary care on the child's behalf given the appropriate consent.

## Educational Psychology Crisis (EPS) Support Service

The EPS Crisis Support Service works with schools in the wake of a traumatic or critical incident. Critical incidents can include the unexpected death or suicide of a member of the school community, pupils witnessing a serious accident or violent crime, and the impact of terrorism and war in the wider world. Educational Psychologists help school staff to plan a response, communicate key information and screen children and young people who may need longer term support. EPs may also debrief staff working directly with vulnerable children and young people who have been significantly affected by a traumatic incident.

### 5.4 What more needs to be done/what will we do next?

- > To establish a process for regular updates on strategic priorities by the Crisis Care Concordat group.
- > RAID to establish an electronic system for recording adult mental health crisis attendance. In future data will be available to analyse the support needed for persons attending A&E.
- > To work with ELFT/RAID to establish measures for monitoring of feedback on A&E attendance and numbers patients leaving prior to assessment, to establish baseline.
- > To explore with ELFT/RAID the collection of data on self-harm and proportion that receives a psychosocial assessment.
- > To determine if the intended pilots for schools will increase access to support for students following traumatic events and identify any gaps.

# 6. Priority 3 – Identifying the needs of vulnerable people

Staff in frontline services such as the housing team and job centres often see service users experiencing multiple social stressors, but may not be trained to recognise or manage signs of mental illness or suicidal behaviour. Children and young people often face unique social pressures. In particular, concerns have been raised about the risk of exam stress, and self-harming behaviours promoted via online content.

A number of safeguarding issues have been identified in young adults who have been housed in temporary accommodation. It is not always clear where the health and social care responsibilities lie for people who move across borough boundaries.

People who are bereaved through suicide are known to be at a higher risk of suicide themselves. Effective bereavement support is vital following a suicide.

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| <p><b>What are the short term objectives?</b></p>  | <ul style="list-style-type: none"> <li>&gt; Lessons learnt from safeguarding reviews will be collated and widely shared amongst service providers, so we can improve services</li> <li>&gt; To improve practice in non-clinical statutory services, and provide increased support for frontline staff</li> <li>&gt; Follow up arrangements and responsibility for service users housed in temporary accommodation or outside the borough will be clear amongst service providers.</li> </ul>  |
| <p><b>6.1 Lessons learned from safeguarding reviews shared amongst service providers – Progress update</b></p> | <p><b>Serious case reviews</b></p> <p>Serious case reviews are published on the LBTH website. The steering group is committed to reviewing the lessons learned from all serious case reviews that have occurred as a result of suicide.</p> <hr/> <p><b>Trust review</b></p> <p>Steering group members are sharing lessons learned from internal reviews, such as sudden death with the Adult Safeguarding Board. Further work may be required to establish a process for the sharing the learning from internal reviews between organisations, at the appropriate level of governance.</p> |

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| <p><b>6.2 Improving practice in non-clinical settings – Progress update</b></p>   | <p><b>Jobcentre support</b></p> <p>The jobcentre have taken a number of steps aimed at improving practice and support for frontline staff. These are:</p> <ul style="list-style-type: none"> <li>&gt; A six point plan to identify persons at risk</li> <li>&gt; Employed staff to provide specialist support to clients with mental health needs</li> <li>&gt; 10 Department of Work and Pensions staff members have attended safeTALK suicide prevention training.</li> </ul> <hr/> <p><b>HOST Housing</b></p> <p>The Homeless Options and Support Team (HOST) have ensured that four of their team have been ASIST trained.</p>   |
| <p><b>6.3 Follow up arrangements and responsibility for service users housed in temporary accommodation or outside the borough – what has been achieved so far?</b></p> | <p><b>HOST partnerships</b></p> <p>HOST partnered with local service providers, including East London Foundation Trust, Health E1 and Inspire, to improve the support available to vulnerable adults seeking housing through their service.</p> <hr/> <p><b>Personal Housing Plan</b></p> <p>In line with the new Hopelessness Reduction Act 2017, HOST will include in the Personal Housing Plan (PHP) appropriable key agencies that Homeless persons housed temporarily outside of the borough can contact in case of crisis.</p> <p>A communication route with Health E1 is established and on ongoing regular meetings will be held with Inspire.</p>   |
| <p><b>6.4 What more needs to be done/what will we do next?</b></p>  | <ul style="list-style-type: none"> <li>&gt; To review the lessons learnt from all safeguarding reviews that result following suicide and agree actions.</li> <li>&gt; To review if action take to date to establish follow up arrangements and responsibilities for service users housed in temporary accommodate outside the borough are clear amongst service providers.</li> <li>&gt; To review HOSTs plan for supporting service users housed outside the borough</li> <li>&gt; To establish regular reporting on self-harm incidents and deaths in temporary accommodation with HOST to monitor improvements.</li> <li>&gt; To use the data collected by RAID via the new database to determine if there has been a reduction in vulnerable persons being directed to A&amp;E.</li> </ul> |

# 7. Priority 4 – Addressing training needs

Effective training ensures we support staff and provide the best service to residents.

Non-clinical frontline staff have not always felt adequately equipped to manage service users expressing suicidal ideas. Many patients leave hospital before being seen by specialist staff, therefore it is vital that all clinical staff are capable of performing mental health assessments.

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| <p><b>What are the short term objectives?</b></p>  | <ul style="list-style-type: none"> <li>&gt; We will provide the first phase of suicide prevention training to frontline staff in the housing office.</li> <li>&gt; We will address general mental health training needs.</li> </ul>  |
| <p><b>7.1 Suicide prevention training to frontline housing staff - Progress update</b></p>  | <p><b>Suicide prevention training</b></p> <p>Public Health initially supported a bid by CEPN to Health Education England, delivered suicide prevention training to frontline staff. Nine people were trained to deliver training on suicide prevention. CEPN have since broadened the scope of delivery to train frontline staff across East London. To date, over 700 frontline staff in East London are safeTALK trained and 150+ trained in ASIST, with a further 120 to be trained by March 2019.</p> <hr/> <p><b>460 persons trained in TH</b></p> <p>Over 300+ persons working in Tower Hamlets have received safeTALK training, and over 160+ have been trained in ASIST.</p> <hr/> <p><b>40 trained in housing</b></p> <p>40 persons in the housing sector have attended safeTALK (Housing; in the broadest term of public, private and charitable), and five ASIST trained, four of whom work for HOST housing.</p> |
| <p><b>7.2 Addressing general mental health training needs – Progress update</b></p>  | <p><b>Challenges</b></p> <p>Staff in general practice in particular GPs are a key audience for this training. However, identifying the right training and obtaining space for delivery in protected learning time is challenging.</p> <p>Other challenges are that the workforce is in continual churn, requiring re-training of new staff and the knowledge and awareness on suicide prevention needs to be incorporated into induction and ongoing professional development.</p>   |



## Queen Mary Mental Health First Aid

Queen Mary have trained 128 Academic and professional staff in MHFA, as part of a wider programme of mental health support for students.

## 730 MHFA trained in TH

730+ persons working and living in Tower Hamlets have been trained in MHFA, with a further 280 having received the MFHA Lite training (a half day mental health awareness training).

## Suicide Prevention and Management of Self Harm

Protected Learning Time programme by the GP Care Group, a training session titled 'Suicide Prevention and Management of Self Harm in Young People' was run at the Education Academy at Mile End Hospital on Tuesday 16th January 2018. There were 88 participants who attended.

## Beyond Trauma

In April 2017, 50 participants attended an interagency 'Beyond Trauma' training for frontline staff working with children and young people (funded by NHS England) and 28 attended a repeat training in February 2018 – in both cases, participants had the opportunity to take part in a follow up session.

## Thrive LDN & Youth MFHA

CEPN has partnered with Thrive LDN to increase access to Youth Mental Health First Aid training for teachers and other eligible persons that work with children aged 8-18.

Three trainers from Tower Hamlets will be trained to deliver Youth MFHA training in the autumn, with plans to roll out the training in the spring 2019.

## Thrive LDN and Time to Change

Public Health are working with Thrive LDN to provide anti stigma workshops by Time to Change targeting persons who work with children and young people in the borough.

### 7.3 What more needs to be done/what will we do next?

- To establish a forum/support network for persons that have received mental health training in TH, to share learning, problem solve and embed good practice more firmly into the TH workforce.
- To understand more clearly the impact of the training on suicide prevention and general mental health by examining who has been trained, the impact of the training and plans for sustaining the training beyond the life of the initial funding by HEE.
- To review the training offer to primary care staff on suicide prevention and explore opportunities for training delivery in protected learning time.
- To review approach for increasing uptake of training offer by housing staff.
- To support the implementation and evaluation of training in schools on mental health and work with partners to ensure programmes are aligned.
- To publicise achievements and outcomes of the training using the local authority media and other relevant channels.

# 8. Priority 5 – Communications and Awareness

There is evidence that the effective use of media can combat the stigma around people feeling suicidal and may help prevent 'copycat' behaviour. Although there are national guidelines for the media on responsible reporting of suicide, a recent study has shown that almost 9 in 10 online news stories relating to suicide fails to meet at least one of these standards. There are services and projects in the borough which could be better publicised to residents.

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| <b>What are the short term objectives?</b>  | <ul style="list-style-type: none"><li>&gt; We will identify sites where suicides or attempted suicides have taken place and install signs giving information on crisis services.</li><li>&gt; Social media will be used to foster publicly visible links between statutory and third sector services.</li><li>&gt; We will support national and regional suicide prevention campaigns.</li><li>&gt; We will work with the police and the fire and rescue service to respond quickly to suspected suicides or suicide attempts to help ensure lessons are learnt and victims and the bereaved are better supported.</li></ul>     |
| <b>8.1 Identifying sites where suicides occur and installing signs for crisis services – Progress update</b><br><br> | <b>Identifying sites in TH</b><br><br>Installing signage in a public place has been delayed whilst a data sharing agreement between Met Police and Public Health on section 136 in a public place is developed.<br><br><b>Signage at hotspots</b><br><br>Data is provided by the British Transport Police on a frequent basis. In 2018, as in previous years, fatalities have occurred at both Mile End and Bethnal Green Underground Stations. The suicide prevention steering group will work with key partners, including: British Transport Police and Transport for London to review the current signage at these stations. |

Figure 2: Signage for Samaritans at Mile End London Underground Station

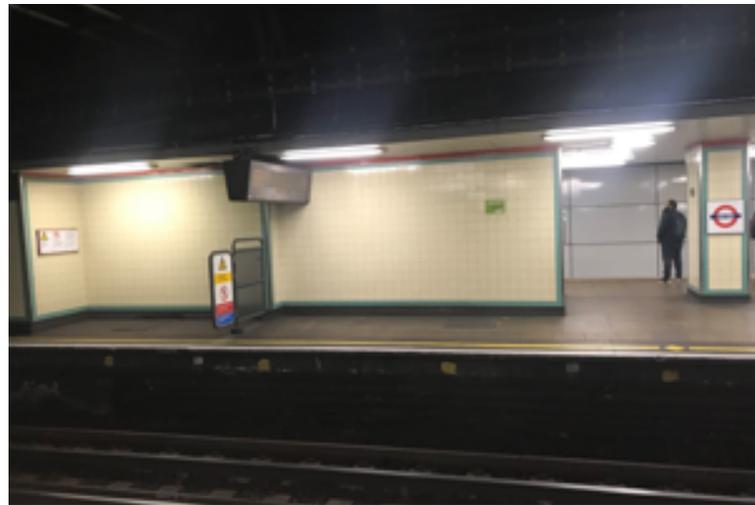


Figure 3: Samaritans sign at Mile End LUL underground station



**8.2 Learning from others areas on installing signage**

**City of London Bridge Project**

The City of London receive data from the coroner on at risk sites, as well as monthly data reports from City of London Police on section 136 of mental health incidents in a public place. The City of London's suicide prevention plan is a joint plan with the City of London Police which improves communication and data sharing arrangements.

**8.3 Using social media to foster publically visible links between statutory and third sector services – Progress update**

The council routinely provide information on statutory and third sector services via the council website and on social media.

Health and Wellbeing campaigns provide opportunity to signpost the public to local services via the local authority channels of communication.

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| <p><b>8.4 We will support national and regional suicide prevention campaigns – Progress update</b></p>                         | <p>The council has worked to promote Suicide Prevention Day annually. This will include information for the public on local events and opportunities for suicide prevention. Opportunities for all partner agencies to promote Suicide Prevention Day should be explored.</p>  |
| <p><b>8.5 To work with the police and fire and rescue service to respond quickly to suicide attempts – Progress update</b></p> | <p><b>Data sharing agreements</b></p> <p>A rapid response to suicide attempts would require some form of data sharing agreement between public health or London Ambulance Service with the agreements of local blue light services to provide information and support to relatives that are attended following suicide. Although there has been some initial discussion to establish this further work is needed.</p> <hr/> <p><b>Thrive LDN and real time data</b></p> <p>Thrive LDN are seeking to establish a pan-London information sharing hub in 2018/19, that will pool data from London partners including the MET, BTP, LAS, and others on suspected suicides. The information from the hub will support local prevention planning approaches for bereavement support, identifying high risk locations and improve multi agency working.</p>  |
| <p><b>8.6 What more needs to be done/what will we do next?</b></p>   | <ul style="list-style-type: none"> <li>➤ To work with Transport for London (TFL) to review the signage at Mile End and Bethnal Green Station where suicides have occurred and explore what more can be done reduce suicide risks at these stations.</li> <li>➤ For the steering group to work together to increase the reach and impact of national and regional suicide prevention campaigns.</li> <li>➤ To obtain data for incidents in the community so we can identify areas to install crisis signs, reduce access or implement other measure to reduce suicide risks.</li> <li>➤ To ensure that the right conditions are in place for responsible media reporting within the local media.</li> <li>➤ To work with LBTH communications to develop a Partnership communications strategy that promotes local work and supports relevant national campaigns.</li> <li>➤ To strengthen the links with police, fire and rescue and ambulance service to improve support for persons that are bereaved by suicide.</li> <li>➤ To identify the relevant services for suicide prevention, establish a baseline and monitor increase in self-referral.</li> </ul> |

# Local priorities that are not current objectives of the TH strategy

There are priorities for suicide prevention that are not identified objectives of the local strategy but are being taken forward in other strategies. Two areas in particular:

- The New Substance Misuse Strategy for 2019 onwards is currently in development. This will include consideration on how to increase access to alcohol and substance misuse treatment services and in doing so reduce their role in suicides.
- Prevention work on self-harm among all persons but in particular children and young people. These are included in the work programme of the Children and Families Plan.

The Suicide Prevention Steering Group will work to identify the actions that are already included in these plans and include as part of the local suicide prevention approach.

Further work will be undertaken on developing metrics to monitor progress against objectives so that in future, tangible results can be presented to the Board, to aid understanding and provide a benchmark for improvement.

The Suicide Prevention Steering Group will also review the guidelines by NICE on preventing suicide in community and custodial settings, and identify locally relevant priorities.

<https://www.nice.org.uk/guidance/ng105/resources/preventing-suicide-in-community-and-custodial-settings-pdf-66141539632069>

# List of abbreviations and acronyms

|                   |   |
|-------------------|---|
| <b>A&amp;E</b>    | Accident and Emergency  |
| <b>ASIST</b>      | A two day training course to directly apply an intervention to prevent suicide.                                   |
| <b>CAMHS</b>      | Child and Adolescent Mental Health Service  |
| <b>CCG</b>        | Clinical Commissioning Group  |
| <b>CEPN</b>       | Community Education Partner Network <a href="http://thcepn.com/what-is-cepn/">http://thcepn.com/what-is-cepn/</a> |
| <b>CYP</b>        | Children and Young People   |
| <b>ELFT</b>       | East London Foundation Trust  |
| <b>ELHCP</b>      | East London Health and Care Partnership   |
| <b>HEE</b>        | Health Education England  |
| <b>HOST</b>       | Homeless options and support team   |
| <b>IAPT</b>       | Improving Access to Psychological Therapies service   |
| <b>LAS</b>        | London Ambulance Service  |
| <b>MHFA</b>       | Mental Health First Aid   |
| <b>NHSE</b>       | National Health Service E   |
| <b>PHE</b>        | Public Health England   |
| <b>RAID</b>       | Rapid Assessment Interface and Discharge Service  |
| <b>SafeTALK</b>   | A half day suicide prevention awareness course  |
| <b>TH</b>         | Tower Hamlets   |
| <b>Thrive LDN</b> | Thrive London <a href="https://www.thriveldn.co.uk/">https://www.thriveldn.co.uk/</a>                             |
| <b>LBTH</b>       | London Borough of Tower Hamlets   |
| <b>5YFV</b>       | Five Year Forward View  |

# Appendix 1 – Impact measures

|   | How will we know if it's working?<br>(define the measures)   | How measured?  | Organisation                         | Status          | RAG |
|---|--|--|--------------------------------------|-----------------|-----|
| 1 | There will be an increased uptake to the Improving Access to Psychological Therapies (IAPT) service.   | Metric of 5YRFV - part of CCG reporting arrangements | CCG                                  | agreed          |     |
| 1 | An increased number of children and young people will be diagnosed with a mental health condition and be under the care of mental health services. | Metric of 5YRFV - part of CCG reporting arrangements | CCG                                  | agreed          |     |
| 1 | An increased number of perinatal women will receive specialist mental health care.   | Metric of 5YRFV - part of CCG reporting arrangements | CCG                                  | agreed          |     |
| 1 | The number of suicide attempts will decrease   | Thrive LDN   | Met Police/Thrive LDN                | Not established |     |
| 2 | There will be improved feedback from those attending A&E in crisis   |  | ELFT/RAID                            | Not established |     |
| 2 | Fewer patients leaving (A&E) before assessment.  | Audit  | ELFT/RAID                            | Not established |     |
| 2 | More prominent signposting will be provided on a range of services for people in crisis.   | Number of signs fitted in sites identified           | TFL, LBTH, Housing Associations etc. | Not established |     |
| 3 | Fewer deaths and self-harm incidents will occur in temporary housing   | by report to steering group                          | HOST                                 | Not established |     |
| 3 | Fewer vulnerable people will be sent to A&E  |  | ELFT/RAID                            |                 |     |
| 4 | We will have a network of staff and residents trained in suicide prevention  | uptake to training data (CEPN)                       | LBTH                                 | agreed          |     |

|   |   |  |          |                 |  |
|---|---|--|----------|-----------------|--|
| 4 | Staff will be able to recognise people at risk of suicide, and apply the four-step suicide alertness model TALK – tell, ask, listen, keep safe. | post intervention evaluation data (CEPN) | LBTH     | agreed          |  |
| 4 | Staff will formulate a suicide prevention plan in collaboration with the at-risk person.  | 6 week post training survey (CEPN)       | LBTH/CCG | agreed          |  |
| 5 | Local reporting of suicide will be in a sensitive manner and meet national guidelines   | by exception                             | LBTH     | Not established |  |
| 5 | Local services will be publicised effectively   | no baseline established                  |          | LBTH            |  |
| 5 | There will be an increase in self-referrals to relevant services  | no baseline established                  |          | LBTH            |  |