

Tower Hamlets
Suicide Prevention Strategy

Action Plan update 2017-19
Spring update

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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 eight 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 taken steps to improve staff knowledge and understanding, and to develop processes to 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. Data sharing between blue light services and local public health teams remains challenging. Since developing the Tower

Hamlets Strategy the East London and Health and Care Partnership Mental Health Workstream and also the Mayor of London's Thrive London Programme, have both identified areas of work that would be best taken forward at a sub-regional or regional level. These have included the near real time reporting and sharing of information on location and means of 'suspected suicide' to enable actions to be taken to reduce means and improve crisis information. As such it is proposed that these aims of the local strategy would be best met by the work being undertaken at sub regional and regional level.

Training is an important part of the action plan and over 597 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 2019/20 further training is 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.

What are the short term objectives?	<ul style="list-style-type: none">> 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.> To improve the signposting of our existing preventative work.
4.1 Improving specialist mental health services for targeted groups – Progress update 	<p>Perinatal. Improve the perinatal mental health pathway and specialist perinatal mental health services</p> <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 capacity and upskill staff across the system, to expand access to services from 929 women in 2016 to 1,682 by 2021.</p> <p>The project will increase the availability of specialist PNM services including:</p> <ul style="list-style-type: none">> lower-level perinatal mental health services, delivered by primary care/midwifery/health visiting/IAPT (Improving Access to Psychological Therapies).> higher-level inpatient support from the East London Foundation Trust (ELFT) 12-bedded Mother and Baby Unit (MBU).> Diagnosis-specific services e.g. personality disorders/dual diagnosis. <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.</p> <p>The North East London perinatal mental health service was launched on the 27 March 2019, and the whole-system training programme commenced in Q3 2018/19.</p>



Child and Adolescent Mental Health Services (CAMHS)

In 2018/19 1,965 CYP had access to evidence based mental health services, including those with mild-moderate needs (below CAMHS thresholds). By 2020/21 at least 35% more children and young people will receive a service than in 2015. Therefore, more of those that need a service will receive support, a major step in reducing the risk of suicide.

CAMHS have also recruited a safeguarding transition worker to support children and young people known to services as they transition to adult services.

Schools

Tower Hamlets was successfully awarded the trailblazer bid to implement the proposals set out in the Green Paper 'Transforming children and young people's mental health provision'. Just over £1.5 million will be released over two years to establish two Mental Health Support Teams (MHSTs) in schools and in addition; to pilot a system to achieve and sustain an average waiting time of four weeks to enter CAMHS treatment.

Two MHSTs will be able to support up to 1,000 additional CYP per year and have much greater reach for vulnerable children, particularly within primary schools. The teams will be led by CAMHS and cover a mixed group of schools, building on the support already offered in schools and colleges, working with children and young people with mild to moderate mental health issues and linking to specialist NHS services when needed.

Next steps by March 2020:

- > Implement two Mental Health in Schools Teams.
- > Develop a whole-school integrated offer of prevention, education and support.
- > Implement a sustainable system to reduce CAMHS waiting time to four weeks.

Adolescence

Drug Intervention Programme (DIP) team signpost CYP in custody to Compass Safe East, the substance misuse service by providing information on prevention services, on arrival and again at discharge.

CAMHS Training provision in schools

CAMHS will be developing its 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 wellbeing 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. Full appointment to posts expected July 2019. Community Navigators to receive training in both Mental Health First Aid (MHFA) and Applied Suicide Intervention Skills Training (ASIST).

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 north-east London. This information is provided to every attendee to the suicide prevention training. To date over 597 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.

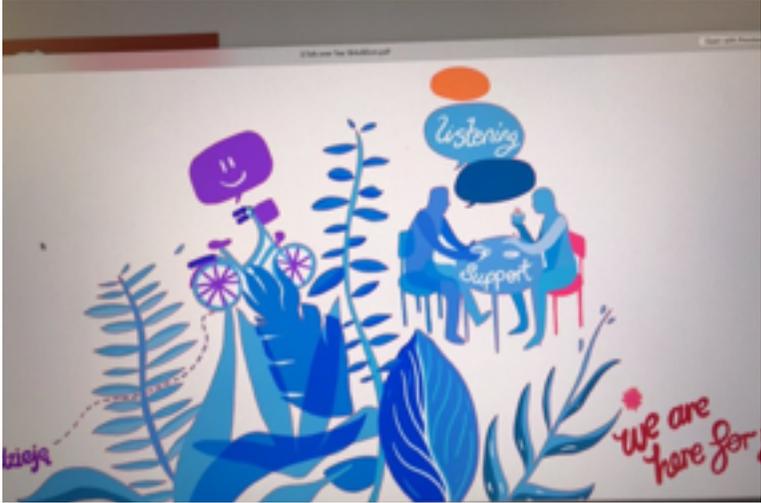
<p>What are the short term objectives?</p>	<ul style="list-style-type: none">> To examine the specific needs of people attending A&E who have attempted suicide, self-harmed, or who are in mental health crisis.> To map the current crisis referral pathway, address any gaps, and make the results available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

Figure 1: The Hope Wall at Barts A&E



A&E Audit

For the month of Dec 2017, The Mental Health Liaison Service (MHLS) undertook an internal audit of referrals to MHLS 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.

MHLS Accredited

The MHLS at Bart's Health is accredited by the Royal College of Psychiatry - Psychiatric Liaison Accreditation Network (PLAN) a nationally recognised quality standard for MHLS services.

A&E triage pilot

A triage pilot was launched in December 2018 to assess and signpost patients out of the A&E department using an evidenced based triage tool. Pilot finding: 50% of the patients that attended A&E were triaged out of the emergency department, onto more appropriate support. All who are triaged to the MHLS received a 'bio psychosocial' assessment.

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 11:00 to 23:00 weekdays, and 10:00 to 14:30 weekends (similar to City and Hackney and Newham). Thus, extending access to CAMHS specialist services for children and young people aged 16 and 17.

Health Based Place of Safety

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

As of July 2019, the Royal London Accident and Emergency department will no longer be used as a Health Based Place of Safety with patients directed to more suitable locations in Hackney and Newham. A&E received on average 12 patients per year via section 136. A&E will continue to receive walk in patients requiring psychological assessment who will be triaged according to their specific needs.

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

Pathways mapping

The Crisis Care Concordat steering group mapped both adult and child crisis pathways to identify gaps and promote collaborative working. The CCG are working with ELFT to finalise the pathways in 2019/20.

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 are 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.

Crisis Therapy Service

The CCG are developing a 24 hour community crisis assessment and treatment offer that will be approved and rolled out in Q1 in 2019/20.

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.

School Health and Wellbeing Service

The recently re-commissioned school nursing service will support 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 Service (EPS) Crisis 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, or 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.
- > MHLS 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 invite MHLS to provide an update on the findings of the triage pilot in A&E.
- > 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.

<p>What are the short term objectives?</p>	<ul style="list-style-type: none"> ➤ Lessons learnt from safeguarding reviews will be collated and widely shared amongst service providers, so we can improve services. ➤ To improve practice in non-clinical statutory services, and provide increased support for frontline staff. ➤ Follow up arrangements and responsibility for service users housed in temporary accommodation or outside the borough will be clear amongst service providers.
<p>6.1 Lessons learned from safeguarding reviews shared amongst service providers – Progress update</p>	<p>Serious case reviews</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>Safeguarding Reviews</p> <p>Plans are in place to establish a process for early reporting of findings to the Chair of the Suicide Prevention Steering Group, when the incident is as a result of suicide.</p> <hr/> <p>Trust review</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>

Child Death Overview Panel

Child Death Overview Panel (CDOPs) are required to examine the factors that may prevent future child deaths and to ensure that families are adequately supported. CDOPs is reviewing funding to appoint a key worker to be a single point of contact for all bereaved families in the CDOP footprint, this includes Tower Hamlets, Newham, Waltham Forest and Hackney. The key worker will be in post from September 2019.

6.2 Improving practice in non-clinical settings – Progress update

Jobcentre support

The jobcentre have taken a number of steps aimed at improving practice and support for frontline staff. These are:

- > A six point plan to identify persons at risk.
- > Employed staff to provide specialist support to clients with mental health needs.
- > 10 Department of Work and Pensions staff members have attended safeTALK suicide prevention training.

HOST Housing

The Homeless Options and Support Team (HOST) have ensured that four of their team have been ASIST trained.

6.3 Follow up arrangements and responsibility for service users housed in temporary accommodation or outside the borough – what has been achieved so far?

HOST partnerships

HOST partnered with local service providers, including East London Foundation Trust (ELFT), Health E1 and Inspire, to improve the support available to vulnerable adults seeking housing through their service. HOST and ELFT intend to work together on a project to improve the lives of the homeless population.

A communication route with Health E1 is established and on ongoing regular meetings are held with Inspire.

Personal Housing Plan

In line with the new Homelessness Reduction Act 2017, HOST will include in the Personal Housing Plan (PHP) appropriate key agencies that any Homeless persons or family housed temporarily outside of the borough can contact in case of crisis.

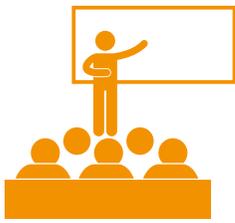
6.4 What more needs to be done/what will we do next?

- To review the lessons learnt from all safeguarding reviews that result following suicide and agree actions.
- 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.
- To invite HOST to provide an update in 2019 on the lessons learned. Update to include a review of the relationships between HOST and partner organisations such as ELFT/Health E1 and Aspire.

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.

What are the short term objectives?	<ul style="list-style-type: none">> We will provide the first phase of suicide prevention training to frontline staff in the housing office.> We will address general mental health training needs.
7.1 Suicide prevention training to frontline housing staff - Progress update 	Suicide prevention training 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 North-east London. To date, over 760 frontline staff in East London are safeTALK trained and 200 trained in ASIST, with a further 250 to be trained by March 2020. 597 persons trained in TH Over 400 persons working in Tower Hamlets have received safeTALK training, and over 176 have been trained in ASIST. 40 trained in housing 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. Tune Up There are plans to offer a half day refresher workshop for people who have been ASIST trained in 2019. The training will reinforce the learning, provide opportunity to share experiences, and work through any issues.

7.2 Addressing general mental health training needs – Progress update



Challenges

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.

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.

Queen Mary Mental Health First Aid

Queen Mary have trained 243 Academic and professional staff in MHFA, as part of a wider programme of mental health support for students. In Nov 2018 CEPN also delivered safeTALK training to QMUL staff on campus.

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 in Tower Hamlets have been trained to deliver Youth MFHA training. Between January – June 2019 all 96 places are fully booked with a waiting list. The training has predominantly targeted staff working in schools in Tower Hamlets.

We Can Talk

'We Can Talk' Children and Young People's Mental Health (CYP MH) project, was produced in collaboration with hospital staff, young people and mental health experts. Over 100 staff including ward clerks, healthcare assistants, nurses and paediatricians received a days training aimed at improving the knowledge, skills and confidence of any member of staff who sees children and young people in their role (clinical and non-clinical).

'We Can Talk' is being rolled out across a further 16 NHS Trusts.

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.

What are the short term objectives?	<ul style="list-style-type: none">> We will identify sites where suicides or attempted suicides have taken place and install signs giving information on crisis services.> Social media will be used to foster publicly visible links between statutory and third sector services.> We will support national and regional suicide prevention campaigns.> 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.
8.1 Identifying sites where suicides occur and installing signs for crisis services – Progress update 	Identifying sites in TH <p>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.</p> <hr/> Signage at hotspots <p>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.</p>

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

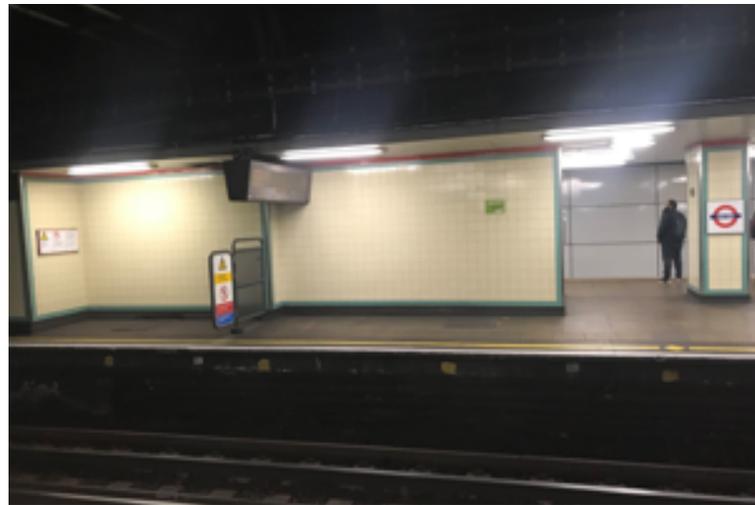


Figure 3: Samaritans sign at Mile End LUL underground station



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.

<p>8.4 We will support national and regional suicide prevention campaigns – Progress update</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>8.5 To work with the police and fire and rescue service to respond quickly to suicide attempts – Progress update</p>	<p>Thrive LDN and real time data</p> <p>Thrive LDN will launch a pan London information sharing hub in Spring 2019 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>8.6 What more needs to be done/what will we do next?</p>	<ul style="list-style-type: none"> ➤ 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. ➤ For the steering group to work together to increase the reach and impact of national and regional suicide prevention campaigns. ➤ To obtain data for suicide and attempted suicide incidents in the community so we can identify areas to install crisis signs, reduce access or implement other measure to reduce suicide risks. ➤ To ensure that the right conditions are in place for responsible media reporting within the local media. ➤ To work with LBTH communications to develop a Partnership communications strategy that promotes local work and supports relevant national campaigns. ➤ To strengthen the links with police, fire and rescue and ambulance service to improve support for persons that are bereaved by suicide. ➤ To identify the relevant services for suicide prevention, establish a baseline and monitor increase in self-referral.

List of abbreviations and acronyms

5YFV	Five Year Forward View
A&E	Accident and Emergency
ASIST	A two day training course to directly apply an intervention to prevent suicide.
CAMHS	Child and Adolescent Mental Health Service
CCG	Clinical Commissioning Group
CEPN	Community Education Partner Network http://thcepn.com/what-is-cepn/
CYP	Children and Young People
DIP	Drug Intervention Programme
ELFT	East London Foundation Trust
ELHCP	East London Health and Care Partnership
EPS	Educational Psychology Service
GP	General Practitioner
HEE	Health Education England
HOST	Homeless options and support team
IAPT	Improving Access to Psychological Therapies service
LAS	London Ambulance Service
LBTH	London Borough of Tower Hamlets
MHFA	Mental Health First Aid
MHLS	Mental Health Liaison Service (formally known as the Rapid Assessment Interface and Discharge Service)
NEL	North East London
NHS	National Health Service
NHSE	National Health Service England
PHE	Public Health England

PHP	Personal Housing Plan
PLAN	Psychiatric Liaison Accreditation Network
PNM	Perinatal Mental Health
QMUL	Queen Mary University London
SafeTALK	A half day suicide prevention awareness course
TFL	Transport For London
TH	Tower Hamlets
Thrive LDN	Thrive London https://www.thriveldn.co.uk
YMFA	Youth Mental Health First Aid

Appendix 1 – Impact measures

	How will we know if it's working? (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/MHLS	Not established	
2	Fewer patients leaving (A&E) before assessment.	Audit	ELFT/MHLS	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/MHLS		
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	